

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 04/12/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On April 12, 2021, an incident occurred involving (b)(6)(b)(7)(C) while workers were handing out meals in unit DS3. (b)(6)(b)(7)(C) stated to the unit officer that he needed to contact his attorney at 5:00pm. The officer advised that he could not use the phone while the dayroom is closed but would have access at 6:00pm when the dayroom reopens. (b)(6)(b)(7)(C) then became agitated using curse words and directing racial slurs at the unit officer. The unit officer then requested the zone Lieutenant and CERT officers to remove (b)(6)(b)(7)(C) from the unit. (b)(6)(b)(7)(C) was removed from the unit without incident.

Medical staff conducted the segregation assessment prior to placement in restrictive housing. (b)(6)(b)(7)(C) is being held under administrative segregation status pending a disciplinary board hearing for: violating any rule or regulation, insolence to staff, and conduct which disrupts.

6. Did the detainee request segregation?

ICE Review of Segregation Cases

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) suffers from unspecified bipolar disorder with a severe personality disorder.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Per the facility mental health staff, "Detainee was alert and oriented and his thought process was organized, and goal directed. Detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior."

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

03/19/2000: Entered through Miami, FL as a B-2 visitor for pleasure permitted to remain in the United States until September 18, 2000.

12/08/2020: Immigration Detainer (I-247A) and Warrant of Arrest (I-200) lodged at the Adult Correctional Institute in Cranston, RI.

ICE Review of Segregation Cases

01/07/2021: Arrested by ICE/ERO Warwick, RI while being released by the 6th District Court in Providence, RI.

01/07/2021: A Notice to Appear is served charging alien under Section 237(a)(1)(B) of the INA.

01/20/2021: NTA served on Warden at Wyatt Detention Facility.

02/18/2021: EOIR Master Hearing.

03/29/2021: EOIR Hearing.

04/02/2021: Court finds detainee incompetent to represent himself and ordered a qualified representative be appointed by EOIR's National Qualified Representative Program.

CRIMINAL HISTORY:

===== Cycle 001 =====

Tracking Number 53133882
Earliest Event Date 2015-12-31

Arrest Date 2015-12-31
Arrest Case Number 15RIX1-7801-AR
Arresting Agency RIRSP0000 RISP
Charge 1
Charge Literal

Charge 2
Charge Literal

Charge 3
Charge Literal CLAIM,COLLECT,TAKE-ATTEMPT TO-AN AMOUNT GREAT
THAN AMOUNT WON
Charge 4
Charge Literal

Court Disposition (Cycle 001)
Final Disposition Date 2017-01-10
Charge 1
Charge Literal

Charge Description COURT CASE: P2-2016-1344A
Counts 1
Disposition (2017-01-10; DISMISSED RULE 48A)
Charge 2
Charge Literal

Charge Description COURT CASE: P2-2016-1344A
Counts 2
Disposition (2017-01-10; DISMISSED RULE 48A)
Charge 3
Charge Literal CLAIM,COLLECT,TAKE-ATTEMPT TO-AN AMOUNT GREAT
THAN AMOUNT WON
Charge Description COURT CASE: P2-2016-1344A
Counts 3
Disposition (2017-01-10; DISMISSED RULE 48A)
Charge 4
Charge Literal

ICE Review of Segregation Cases

Charge Description COURT CASE: P2-2016-1344A
Counts 4
Disposition (2017-01-10; DISMISSED RULE 48A; DIVERSION
COMPLETED)

=====
Tracking Number 53133882
Earliest Event Date 2018-01-19

Arrest Date 2018-01-19
Arrest Case Number 18RIX1-39-AR
Arresting Agency RIRSP0000 RISP
Charge 1
Charge Literal SIMPLE ASSAULT OR BATTERY
Statute (11-5-3)
Severity MISDEMEANOR
Charge 2
Charge Literal WILLFUL TRESPASS
Statute (11-44-26)
Severity MISDEMEANOR

=====
Tracking Number 53133882
Earliest Event Date 2018-09-18

Arrest Date 2018-09-18
Arrest Case Number 18RIX1-603-AR
Arresting Agency RIRSP0000 RISP
Charge 1
Charge Literal LARCENY UNDER \$1500
Statute (11-41-1)
Severity MISDEMEANOR

=====
Tracking Number 53133882
Earliest Event Date 2019-02-13

Arrest Date 2019-02-13
Arrest Case Number 19-376-AR
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR

Court Disposition (Cycle 004)
Final Disposition Date 2019-07-05
Charge 1
Charge Literal DOMESTIC VIOLENCE - DISORDERLY CONDUCT - 1ST
OFFENSE
Charge Description COURT CASE: 61-2019-01946
Statute (11-45-1/A)
Counts 1
Disposition (2019-07-05; Dismissal)

=====
Tracking Number 53133882
Earliest Event Date 2020-10-05

Arrest Date 2020-10-05
Arrest Case Number 20-425-AR
Arresting Agency RI0050300 SOUTH KINGSTOWN

ICE Review of Segregation Cases

Charge 1
Charge Literal OBSTRUCTING OFFICER IN EXECUTION OF DUTY
Statute (11-32-1)
Severity MISDEMEANOR
Charge 2
Charge Literal DISORDERLY CONDUCT
Statute (11-45-1)
Severity MISDEMEANOR

=====
Tracking Number 53133882
Earliest Event Date 2020-10-21
===== Cycle 006 =====

Arrest Date 2020-10-21
Arrest Case Number 20-1928-AR
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal DOMESTIC-VANDALISM/MALICIOUS INJURY TO PROP
Statute (11-44-1/12-29-5)
Severity MISDEMEANOR
Charge 2
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR

=====
Tracking Number 53133882
Earliest Event Date 2020-10-23
===== Cycle 007 =====

Arrest Date 2020-10-23
Arrest Case Number 20-1943-20
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal VIOLATION -NO CONTACT ORDER
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR

Court Disposition (Cycle 007)
Final Disposition Date 2021-01-07
Charge 3
Charge Literal VIOLATION -NO CONTACT ORDER
Charge Description COURT CASE: 61-2020-10298
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR
Disposition (2021-01-07; DISMISSED 48A)
Charge 4
Charge Literal DISORDERLY CONDUCT
Charge Description COURT CASE: 61-2020-10298
Statute (11-45-1)
Severity MISDEMEANOR
Disposition (UNKNOWN; NOLO PLEA; 6MS PROB)

=====
Tracking Number 53133882
Earliest Event Date 2020-12-08
===== Cycle 008 =====

Arrest Date 2020-12-08
Arrest Case Number 20-2237-AR
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal VIOLATION -NO CONTACT ORDER
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR

ICE Review of Segregation Cases

Charge 2
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR
Charge 3
Charge Literal FAILURE TO APPEAR/ANSWER SUMMONS
Statute (12-7-11)
Severity MISDEMEANOR

Court Disposition (Cycle 008)
Final Disposition Date 2020-12-09
Charge 1
Charge Literal DOMESTIC VIOLENCE - CRIMINAL VIOLATION OF NO
CONTACT ORDER - 1ST OFFENSE
Charge Description COURT CASE: 61-2020-10298
Statute (12-29-4/A)
Counts 1
Severity MISDEMEANOR
Disposition (2020-12-09; DISMISSED BY PROS)
Charge 2
Charge Literal DISORDERLY CONDUCT
Charge Description COURT CASE: 61-2020-10298
Statute (11-45-1)
Counts 2
Severity MISDEMEANOR
Disposition (2021-01-07; NOLO PLEA; 6 M SUS; MHP)

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

12. Date: 4/14/21

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) <small>(b)(6)(b)(7)(C)</small>	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 06/16/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 16, 2021, detainee was removed from general population and placed in restrictive housing for failing to step inside his cell for head count and threatening staff.

Medical staff conducted the segregation assessment prior to placement in restrictive housing. (b)(6)(b)(7)(C) is being held under administrative segregation status pending a disciplinary board hearing for: being out of place, insolence to staff, and fight/assault/threaten staff.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

ICE Review of Segregation Cases

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) suffers from unspecified bipolar disorder with a severe personality disorder.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Per the facility mental health staff, "Detainee was alert and oriented and his thought process was organized, and goal directed. Detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior."

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

03/19/2000: Entered through Miami, FL as a B-2 visitor for pleasure permitted to remain in the United States until September 18, 2000.

12/08/2020: Immigration Detainer (I-247A) and Warrant of Arrest (I-200) lodged at the Adult Correctional Institute in Cranston, RI.

ICE Review of Segregation Cases

01/07/2021: Arrested by ICE/ERO Warwick, RI while being released by the 6th District Court in Providence, RI.

01/07/2021: A Notice to Appear is served charging alien under Section 237(a)(1)(B) of the INA.

01/20/2021: NTA served on Warden at Wyatt Detention Facility.

02/18/2021: EOIR Master Hearing.

03/29/2021: EOIR Hearing.

04/02/2021: Court finds detainee incompetent to represent himself and ordered a qualified representative be appointed by EOIR's National Qualified Representative Program.

06/17/2021: EOIR Hearing.

CRIMINAL HISTORY:

=====
Tracking Number 53133882
Earliest Event Date 2015-12-31

Arrest Date 2015-12-31
Arrest Case Number 15RIX1-7801-AR
Arresting Agency RIRSP0000 RISP
Charge 1
Charge Literal

Charge 2
Charge Literal

Charge 3
Charge Literal CLAIM,COLLECT,TAKE-ATTEMPT TO-AN AMOUNT GREAT
THAN AMOUNT WON
Charge 4
Charge Literal

Court Disposition (Cycle 001)
Final Disposition Date 2017-01-10
Charge 1
Charge Literal

Charge Description COURT CASE: P2-2016-1344A
Counts 1
Disposition (2017-01-10; DISMISSED RULE 48A)
Charge 2
Charge Literal

Charge Description COURT CASE: P2-2016-1344A
Counts 2
Disposition (2017-01-10; DISMISSED RULE 48A)
Charge 3
Charge Literal CLAIM,COLLECT,TAKE-ATTEMPT TO-AN AMOUNT GREAT
THAN AMOUNT WON
Charge Description COURT CASE: P2-2016-1344A
Counts 3

ICE Review of Segregation Cases

Disposition (2017-01-10; DISMISSED RULE 48A)
Charge 4
Charge Literal

Charge Description COURT CASE: P2-2016-1344A
Counts 4
Disposition (2017-01-10; DISMISSED RULE 48A; DIVERSION
COMPLETED)

=====
Tracking Number 53133882
Earliest Event Date 2018-01-19

Arrest Date 2018-01-19
Arrest Case Number 18RIX1-39-AR
Arresting Agency RIRSP0000 RISP
Charge 1
Charge Literal SIMPLE ASSAULT OR BATTERY
Statute (11-5-3)
Severity MISDEMEANOR
Charge 2
Charge Literal WILLFUL TRESPASS
Statute (11-44-26)
Severity MISDEMEANOR

=====
Tracking Number 53133882
Earliest Event Date 2018-09-18

Arrest Date 2018-09-18
Arrest Case Number 18RIX1-603-AR
Arresting Agency RIRSP0000 RISP
Charge 1
Charge Literal LARCENY UNDER \$1500
Statute (11-41-1)
Severity MISDEMEANOR

=====
Tracking Number 53133882
Earliest Event Date 2019-02-13

Arrest Date 2019-02-13
Arrest Case Number 19-376-AR
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR

Court Disposition (Cycle 004)
Final Disposition Date 2019-07-05
Charge 1
Charge Literal DOMESTIC VIOLENCE - DISORDERLY CONDUCT - 1ST
OFFENSE
Charge Description COURT CASE: 61-2019-01946
Statute (11-45-1/A)
Counts 1
Disposition (2019-07-05; Dismissal)

=====
Tracking Number 53133882
Earliest Event Date 2020-10-05

ICE Review of Segregation Cases

Arrest Date 2020-10-05
Arrest Case Number 20-425-AR
Arresting Agency RI0050300 SOUTH KINGSTOWN
Charge 1
Charge Literal OBSTRUCTING OFFICER IN EXECUTION OF DUTY
Statute (11-32-1)
Severity MISDEMEANOR
Charge 2
Charge Literal DISORDERLY CONDUCT
Statute (11-45-1)
Severity MISDEMEANOR
===== Cycle 006 =====
Tracking Number 53133882
Earliest Event Date 2020-10-21

Arrest Date 2020-10-21
Arrest Case Number 20-1928-AR
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal DOMESTIC-VANDALISM/MALICIOUS INJURY TO PROP
Statute (11-44-1/12-29-5)
Severity MISDEMEANOR
Charge 2
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR
===== Cycle 007 =====
Tracking Number 53133882
Earliest Event Date 2020-10-23

Arrest Date 2020-10-23
Arrest Case Number 20-1943-20
Arresting Agency RI0040800 PAWTUCKET
Charge 1
Charge Literal VIOLATION -NO CONTACT ORDER
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR

Court Disposition (Cycle 007)
Final Disposition Date 2021-01-07
Charge 3
Charge Literal VIOLATION -NO CONTACT ORDER
Charge Description COURT CASE: 61-2020-10298
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR
Disposition (2021-01-07; DISMISSED 48A)
Charge 4
Charge Literal DISORDERLY CONDUCT
Charge Description COURT CASE: 61-2020-10298
Statute (11-45-1)
Severity MISDEMEANOR
Disposition (UNKNOWN; NOLO PLEA; 6MS PROB)
===== Cycle 008 =====
Tracking Number 53133882
Earliest Event Date 2020-12-08

Arrest Date 2020-12-08
Arrest Case Number 20-2237-AR
Arresting Agency RI0040800 PAWTUCKET
Charge 1

ICE Review of Segregation Cases

Charge Literal VIOLATION -NO CONTACT ORDER
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR
Charge 2
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR
Charge 3
Charge Literal FAILURE TO APPEAR/ANSWER SUMMONS
Statute (12-7-11)
Severity MISDEMEANOR

Court Disposition (Cycle 008)
Final Disposition Date 2020-12-09
Charge 1
Charge Literal DOMESTIC VIOLENCE - CRIMINAL VIOLATION OF NO
CONTACT ORDER - 1ST OFFENSE
Charge Description COURT CASE: 61-2020-10298
Statute (12-29-4/A)
Counts 1
Severity MISDEMEANOR
Disposition (2020-12-09; DISMISSED BY PROS)
Charge 2
Charge Literal DISORDERLY CONDUCT
Charge Description COURT CASE: 61-2020-10298
Statute (11-45-1)
Counts 2
Severity MISDEMEANOR
Disposition (2021-01-07; NOLO PLEA; 6 M SUS; MHP)

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 04/27/2020

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On May 8, 2020, (b)(6)(b)(7)(C) completed his disciplinary time for throwing his food tray out of his cell on to the floor. (b)(6)(b)(7)(C) has consistently refused to be housed in general population with other detainees. (b)(6)(b)(7)(C) has stated on several occasions that he would rather remain in segregation with a single cell than return to general population and be required to share a cell. (b)(6)(b)(7)(C) was instructed that his disciplinary time had expired, and he was cleared to return to general population. (b)(6)(b)(7)(C) refused his housing assignment in general population and received a disciplinary infraction. (b)(6)(b)(7)(C) will remain in administrative segregation pending a disciplinary board hearing.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

ICE Review of Segregation Cases

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended housing assignment.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/07/2013: Entered through Port Canaveral, FL as a non-immigrant visitor permitted to remain in the United States until December 24, 2013.

09/06/2018: Asylum is referred to IJ.

06/06/2018: A Notice to Appear is served charging alien under Section 237(a)(1)(B) of the INA.

08/08/2018: The IJ ordered Subject removed in absentia.

ICE Review of Segregation Cases

01/09/2020: BIA received case appeal.

CRIMINAL HISTORY:

08/16/18: Lowell District Court

OFF: Leaving Scene/ Property Damage; Indecent Assault & Battery Person

DISP: DISM 05/20/2019

03/30/2018: Lowell District Court

OFF: Assault and Battery

DISP: GUILTY 08/15/2018

08/29/17: Lowell District Court

OFF: A&B Dangerous Weapon

DISP: DF C 02/14/18 D/R DISM

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 5/11/2020

Superintendent
(b)(6)(b)(7)(C)
Administrative Captain
(b)(6)(b)(7)(C)
Security Captain
(b)(6)(b)(7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742- (b)(6)(b)(7)(C)
Fax: (603) 742-2192
e-mail: (b)(6)(b)(7)(C)@co.strafford.nh.us



Special Housing Status Review

On 4/9/23, I, (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of ICE Detainee/Inmate (b)(6)(b)(7)(C) Permanent # (b)(6)(b)(7)(C) who is presently in: Protective Custody Status Other Administrative Segregation **Disciplinary Segregation**

Date Inmate/Detainee was placed in this status: 4/2/23

Inmate/Detainee has been in this Segregation status for days (24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)

The following factors were reviewed with the results as indicated:

YES NO

- | | | |
|--|-------------------------------------|-------------------------------------|
| 1. Does the reason for initial placement remain valid? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the detainee pose a threat to him/herself? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does the detainee pose a threat to others? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Does the detainee pose a threat to property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does the detainee pose a threat to security? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the detainee defiant towards authority? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Is the detainee unwilling or unable to live in the general population? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Is the detainee being offered three showers/week and taken showers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the detainee exercising at least one hour daily, 5 days a week? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the detainee being offered three meals daily and consuming at least one meal daily? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the detainee receiving daily visits from medical staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the special housing officers signing and properly filling out the special housing unit record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Translation into the Spanish or other language provided by: N/A

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Signature _____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. Signature _____

Comments: During a security round check, Inmate (b)(6)(b)(7)(C) was found to have a white powdery substance on the desk of his cell and he was standing next to it with a rolled-up paper in his hand. He was removed from the cell and moved to max pre-hearing segregation for suspected possession of drugs.

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: (b)(6)(b)(7)(C) Date/Time: 4/9/23 1655

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/15/2020

3. Date of Disciplinary Proceeding (If Applicable):
12/15/2020

4. Length of Disciplinary Sanction (If Applicable):
Awaiting disciplinary board results

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On Saturday December 15th, 2020 at approximately 02:56 PM, a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) observed two detainees ((b)(6)(b)(7)(C) who appeared to have been in a physical altercation. The officer issued an order to separate and both detainees complied. CERT officers responded and both detainees were placed in restraints without incident. Detainee (b)(6)(b)(7)(C) was bleeding from his nose and was soon after evaluated by medical staff for injuries. (b)(6)(b)(7)(C) was evaluated by medical as well. Both (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) was cleared to be housed in Administrative Segregation pending a disciplinary board hearing.

On December 22, 2020 - PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

ICE Review of Segregation Cases

Did the detainee request segregation?

YES NO

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. **Additional Comment:** PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

11. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

09/07/2010 – Subject admitted into US through Chicago, Illinois as an LPR.

04/25/19 - Notice to Appear form I-862 issued.

ICE Review of Segregation Cases

05/02/2019 – Detainer lodged at Suffolk County HOC on pending charges

04/14/2020 – ICE informed detainer was not honored by court

07/13/2020 – Subject taken into ICE custody and served with Notice to Appear form I-862 served

10/15/2020 – Subject ordered excluded/deported/removed by an Immigration Judge

12/29/2020 – ICE is awaiting issuance of a travel document

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)
ARG-DATE: 03/28/19
PD: SPR COURT: SPRINGFIELD DISTRICT
DKT#: 1923CR001902A
OFF: POSS CLASS A CONT SUB HEROIN CSA POSS A
STATUS: O WPD: WDT: DISP: C 6/25/19

ARRAIGNMENT: (0002)
ARG-DATE: 03/28/19
PD: SPR COURT: SPRINGFIELD DISTRICT
DKT#: 1923CR001902B
OFF: BRIBERY PUBLIC EMPLOYEE BRIBE
STATUS: O WPD: WDT: DISP: C 6/25/19

ARRAIGNMENT: (0003)
ARG-DATE: 07/13/15
PD: SOE COURT: SOMERVILLE DISTRICT
DKT#: 1510CR77A
OFF: B&E NT W/I COM FEL BUILD B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: 5/9/16 DF 9/1/16 D/R C10/24/16 DF 2/7/17 DR C 3/21/17 C 4/26/17 C 5/5/17 C 5/12/17 G 6MO DEEM SRVD

ARRAIGNMENT: (0004)
ARG-DATE: 07/13/15
PD: SOE COURT: SOMERVILLE DISTRICT
DKT#: 1510CR77B
OFF: DESTRUCTION OF PROPERTY PROP DES
STATUS: C WPD: WDT: DISP: C5/9/16 DF 9/1/16 C 10/24/16 DF 2/7/17 DR C 3/21/17 C 4/26/17 C 5/5/17 C 5/12/17 G364 DA DEEM SRVD

ARRAIGNMENT: (0005)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473A
OFF: ATT TO COM CRIME (SPICIFY) UNARMED BURG ATT
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 364 DAYS HC

ICE Review of Segregation Cases

ARRAIGNMENT: (0006)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473B
OFF: B&E DT W/I COM FEL B&E DT W/I FEL
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0007)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473C
OFF: LARCENY MORE +\$250 LAR MORE
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0008)
ARG-DATE: 10/10/14
PD: BOS COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473D
OFF: KNOWINGLY REC STOLEN PROP +\$250 RSG
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 364 DAYS F&A 00743A

ARRAIGNMENT: (0009)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473E
OFF: B&E DT W/I COM FEL B&E DT W/I FEL
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0010)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473F
OFF: LARCENY MORE +\$250 LAR MORE
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0011)
ARG-DATE: 10/10/14
PD: BOS COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473G
OFF: KNOWINGLY REC STOLEN PROP +\$250 RSG
STATUS: V WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 3YRS PROB CONC 12/28/20 (@84)11/26/18 VN(2) 1/7/19 NVF 12/28/20 3/12/19 VN(4) 3/28/19 WAR 4/1/19 WAR W/D 5/20/19

ARRAIGNMENT: (0012)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473H
OFF: B&E DT W/I COM FEL B&E DT W/I FEL
STATUS: V WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 3YRS PROB CONC 12/28/20 (@84)

ICE Review of Segregation Cases

11/26/18 VN(2) 1/7/19 NVF 12/28/20 3/12/19 VN(4) 3/28/19 WAR 4/1/19 WAR W/D 5/20/19

ARRAIGNMENT: (0013)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: 1482CR00473I
OFF: B&E NT W/I COM FEL B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 364 DAYS HC CONC 00743D

ARRAIGNMENT: (0014)
ARG-DATE: 12/02/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000994A
OFF: B&E NT W/I COM FEL B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0015)
ARG-DATE: 12/02/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000994B
OFF: LARCENY FROM A BUILDING LAR BLDG
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0016)
ARG-DATE: 12/02/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000995A
OFF: B&E NT W/I COM FEL B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0017)
ARG-DATE: 12/02/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000995B
OFF: LARCENY FROM A BUILDING LAR BLDG
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0018)
ARG-DATE: 09/16/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000712A
OFF: ATTEMPT TO COMMIT CRIME ATT COM CRIME
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0019)
ARG-DATE: 07/15/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000628A
OFF: B&E NT W/I COM FEL B&E NT W/I FEL

ICE Review of Segregation Cases

STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0020)
ARG-DATE: 07/15/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000628B
OFF: MAL DESTRUCTION OF PROPERTY PROP MAL DES
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0021)
ARG-DATE: 07/15/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000628C
OFF: POSS BURGLARIOUS TOOLS PBT
STATUS: C WPD: WDT:
DISP: % C 10/15/14 NP

ARRAIGNMENT: (0022)
ARG-DATE: 04/08/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000300A
OFF: B&E NT W/I COM FEL B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: % C 6/10/13 DF 6/12/13 D/R C 10/15/14 NP

ARRAIGNMENT: (0023)
ARG-DATE: 04/08/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000300B
OFF: MAL DESTRUCTION OF PROPERTY PROP MAL DES
STATUS: C WPD: WDT: DISP: % C 6/10/13 DF 6/12/13 D/R C 10/15/14 NP

ARRAIGNMENT: (0024)
ARG-DATE: 04/08/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: 1309CR000300C
OFF: RESISTING ARREST RESIST ARST
STATUS: C WPD: WDT: DISP: % C 6/10/13 DF 6/12/13 D/R C 10/15/14 NP

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
	(b)(6)(b)(7)(C)	Male	2-Med/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 9/7/2020

3. Date of Disciplinary Proceeding (If Applicable):
9/9/2020

4. Length of Disciplinary Sanction (If Applicable):
10 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On September 7, 2020, at approximately 9:25a.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) received a call at the control panel from the intercom in Cell 401. The officer heard someone screaming for help through the intercom. The officer notified the zone Lieutenant of the situation and made his way to Cell 401. Upon arriving at the cell, the officer observed both detainees inside appearing agitated. Both detainees had scratches and red marks on their faces and bodies. The officer gave the order to separate in which both detainees complied. CERT and the zone Lieutenant arrived and placed both detainees in restraints without incident. Both detainees were evaluated by medical staff and cleared to be housed in Administrative Segregation pending a Disciplinary Board hearing.

Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

6. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. **Additional Comment:** Due to a keep separate orders entered for both detainees, separate housing is required. The other detainee involved in this incident is scheduled to depart the Boston AOR on 9/22/2020.

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

IMMIGRATION HISTORY:

1994 – Subject claims to have entered the United States without inspection somewhere in Arizona, sometime in 1994.

02/08/2007 – Subject files form I-140 with USCIS.

ICE Review of Segregation Cases

08/13/2007 – Form I-140 approved by USCIS.

05/05/2008 – Subject files form I-485.

06/29/2010 – Form I-485 is denied.

03/15/2013 – Subject, through counsel, filed I-589 with the Vermont Service Center.

9/04/13 Removal Proceedings against subject initiated through service of I-862, Notice to Appear in Executive Office of Immigration Review (EOIR) by mail.

3/05/14 Subject, through counsel files 42B Cancellation of Removal Proceedings with NY EOIR.

2/14/16 Subject paroled into the U.S. at JFK International Airport, New York, NY.

10/07/19 Subject arrested by ICE/ERO, Hartford, CT Fugitive Operations.

05/16/2020 – Subject granted Cancellation of Removal.

6/18/2020 – Subject files appeal with BIA.

9/21/2020 – BIA appeal still pending.

CRIMINAL HISTORY:

7/16/19 PD: Coventry, CT Court: Rockville, CT GA-19
Cnt. 1.) failure to appear
Disposition: pending

5/17/19 PD: Vernon, CT Court: Rockville, CT GA-19
Cnt. 1.) operate MV under influence of alcohol
Cnt. 2.) unlicensed operation of MV
Disposition: pending

3/25/19 PD: NYS Parks Police Court: Stony Point, NY Town Court
Cnt. 1.) operate MV under influence of alcohol
Cnt. 2.) aggravated unlicensed oper. of MV
Cnt. 3.) circumvent ignition interlock device, subj court order
Cnt. 4.) failure to keep right
Disposition: pending

7/30/10 PD: NYSP, Thruway Court: Clarkstown, NY Town Court
Cnt. 1.) operate MV under influence of alcohol
Disposition: 5/16/11, conditional discharge, fine paid

12/15/02 PD: Spring Valley, NY Court: Spring Valley, NY Village Court
Cnt. 1.) operate MV under influence of alcohol
Cnt. 2.) aggravated unlicensed operation of MV
Disposition: 7/31/03, guilty plea, fine paid

ICE Review of Segregation Cases

12/24/99 PD: Tarrytown, NY Village Court: Tarrytown, NY Village
Cnt. 1.) operate MV under influence
Disposition: 3/08/00, guilty plea, fine paid

6/14/98 PD: Spring Valley, NY Village Court: Spring Valley, NY Village
Cnt. 1.) operate MV under influence of alcohol
Disposition: 12/17/98 guilty plea, fine paid

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
213 238 669	(b)(6)(b)(7)(C)	Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 06/05/2021

3. Date of Disciplinary Proceeding (If Applicable):
06/09/2021

4. Length of Disciplinary Sanction (If Applicable):
30 days disciplinary detention

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 5, 2021, (b)(6)(b)(7)(C) refused to allow another detainee to move into his cell. Officers explained to (b)(6)(b)(7)(C) that the detainee was now assigned to this cell also. (b)(6)(b)(7)(C) became argumentative and the Officer requested that he stand up and place his hands behind his back to be removed from the unit. (b)(6)(b)(7)(C) lunged at the Officer in an aggressive manner and force was applied. (b)(6)(b)(7)(C) continued to be noncompliant, requiring use of the restraint chair. (b)(6)(b)(7)(C) continued to be violent then spit in an Officer's face. (b)(6)(b)(7)(C) also made verbal threats to Officer's throughout the incident.

(b)(6)(b)(7)(C) was removed from the unit for: disobey an order, conduct which disrupts, violating law of MA or USA, fight/assault/threaten staff, and refusing a housing assignment.

Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

6. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?**
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

N/A

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

The Field Office concurs with the facilities recommended housing/discipline.

10. **Additional Comment:** N/A.

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

IMMIGRATION HISTORY:

1990 – Claims to have entered the United States at on an unknown date at an unknown location.

05/17/2021 – Detainer lodged with USMS.

05/19/2021 – Turned over to ICE from USMS at PCCF. Served I-862, I-200, I-286, and I-826.

ICE Review of Segregation Cases

06/01/2021 – subject ordered excluded/deported/removed by an Immigration Judge.

CRIMINAL HISTORY:

October 2, 2019
United States District Court (MA)
Counts 1 & 2: Theft of Government Funds
Count 3: False Statements in Application for Social Security Benefits
Count 4: Aggravated Identity Theft
Disposition: Guilty counts 1-3, Dismissed count 4
Sentence: 18 months (Plea Deal)

September 1, 2016
Essex County Superior Court (MA)
Count 1: Assault to Murder
Disposition: Guilty
Sentence: 2 years probation
Count 2: Assault and Battery Dangerous Weapon (knife), Serious Bodily Injury
Disposition: Guilty
Sentence: 2 years to 2 years 6 months

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	2-Med/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 11/5/2020

3. Date of Disciplinary Proceeding (If Applicable):
11/9/2020

4. Length of Disciplinary Sanction (If Applicable):
10 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On November 5, 2020, at approximately 6:30 p.m., a Plymouth County Correctional Facility Assistant Deputy Superintendent (ADS) was making unannounced rounds through the DS3 unit. The ADS advised (b)(6)(b)(7)(C) that he needed to dispose of the empty Styrofoam meal containers inside his cell. (b)(6)(b)(7)(C) then “flipped off” the ADS and Lieutenant while remaining in the day room in front of the television. When the Lieutenant instructed (b)(6)(b)(7)(C) to get up he charged toward her, stopping short of making any contact. (b)(6)(b)(7)(C) continued arguing with the Lieutenant and the decision was made to remove (b)(6)(b)(7)(C) from the unit to maintain order. The unit officer stated that (b)(6)(b)(7)(C) is constantly disrespectful to staff and other detainees.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?**
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. **Additional Comment:** Plymouth County Correctional Facility requested (b)(6)(b)(7)(C) be transferred. Request sent 11/12/2020.

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**

IMMIGRATION HISTORY:

11/6/2018 - admitted into US through Boston, MA, with valid B2 visa.

02/24/2020 – Notice to Appear form I-862 served.

11/03/2020 – subject ordered excluded/deported/removed by an Immigration Judge.

ICE Review of Segregation Cases

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 12/11/19 PD: MTA COURT: BOSTON DISTRICT DKT#: 1901CR007157A

OFF: INDECENT ASSLT&BATTERY PERSON A&B IND PERS

STATUS: O WPD: WDT:

DISP: PTCOR-A 12/30/19 DF 1/6/20 DR PTCOR-B 4/2/20

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

14. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Medium/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 6/26/2020

3. Date of Disciplinary Proceeding (If Applicable):
6/29/2020

4. Length of Disciplinary Sanction (If Applicable):
Suspended Time

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 26, 2020, the DS3 unit officer discovered that (b)(6)(b)(7)(C) was not in his cell during the afternoon head count. (b)(6)(b)(7)(C) was located in the cell next to his, with two other detainees. (b)(6)(b)(7)(C) was reminded that he could not be out of place while the day room was on lockdown. (b)(6)(b)(7)(C) admitted to knowing that he was out of place and was instructed to return to his assigned cell. (b)(6)(b)(7)(C) returned to his cell and was instructed to close his cell door behind him. (b)(6)(b)(7)(C) began exhibiting a temper and kicked his cell door. At this time the unit officer determined that (b)(6)(b)(7)(C) was no longer fit to remain in the unit for failure to follow unit rules.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

- 7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

- 8. Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

- 9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

- 10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not: Detainee was cleared to return to general population with suspended disciplinary time but requested to stay in Administrative Segregation.

- 11. Additional Comment:** ^{(b)(6)(b)(7)(C)} was granted suspended time from the Disciplinary Board and cleared to return to general population. ^{(b)(6)(b)(7)(C)} requested to remain in administrative segregation claiming he prefers being isolated as he ^{(b)(6)(b)(7)(C)} ICE is not in possession of any documents verifying his claim. ^{(b)(6)(b)(7)(C)} opted out of voluntary ^{(b)(6)(b)(7)(C)} upon intake. On July 9, 2020, ^{(b)(6)(b)(7)(C)} again refused ^{(b)(6)(b)(7)(C)} but signed a consent form granting permission for Boston Medical Center to release his prior ^{(b)(6)(b)(7)(C)} results to the Plymouth County Correctional Facility. The request for medical records is still pending.

- 12. Describe the detainee's immigration history and prior criminal history, if applicable:**

ICE Review of Segregation Cases

IMMIGRATION HISTORY:

07/22/2015 - subject entered the United States through New York, New York as a B-1 visitor.

02/11/2016 - subject filed form I-589, Application for Asylum, with US Citizenship and Immigration Services.

08/22/2016 – subject filed form I-765, Application for Employment Authorization.

09/30/2016 – subject granted Employment Authorization valid until 09/29/2017.

02/12/2020 – Notice to Appear form I-862 served.

04/07/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien waived appeal.

07/09/2020 – subject currently scheduled for charter removal on September 8, 2020.

CRIMINAL HISTORY:

Arrest Date: 02/11/2020

Arrest Agency: Massachusetts Bay Transportation Authority Police Department

Charge Literal: Assault and Battery (injuries)

Disposition: Unknown

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(a) Assistant Field Office Director

14. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement:

11/1/2020

3. Date of Disciplinary Proceeding (If Applicable):

11/5/2020

4. Length of Disciplinary Sanction (If Applicable):

5 days disciplinary detention (30 days suspended) 20 days
disciplinary detention to serve

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <p> <input checked="" type="checkbox"/> Disciplinary
 <input type="checkbox"/> Pending Investigation of Disciplinary Violation
 <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
 <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
 <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
 <input type="checkbox"/> Facility Security Threat: Other
 <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
 <input type="checkbox"/> Protective Custody: Gang Status
 <input type="checkbox"/> Protective Custody: Victim of Sexual Assault </p> | <p> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
 <input type="checkbox"/> Protective Custody: Other Special Vulnerability
 <input type="checkbox"/> Protective Custody: Other
 <input type="checkbox"/> Mental Illness
 <input type="checkbox"/> Medical: TB or Other Infectious Diseases
 <input type="checkbox"/> Medical: Disabled or Infirm
 <input type="checkbox"/> Medical: Detox/Withdrawal Observation
 <input type="checkbox"/> Medical: Other
 <input type="checkbox"/> Hunger Strike
 <input type="checkbox"/> Suicide Risk Placement
 <input type="checkbox"/> Other </p> |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On November 1, 2020, at approximately 12:10 p.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) observed two detainees (b)(6)(b)(7)(C) that appeared to be fighting. The officer issued an order to separate and both detainees complied. CERT officers responded and both detainees were placed in restraints without incident. Both detainees were evaluated by medical staff which determined that detainee (b)(6)(b)(7)(C) would be transported to Beth Israel Deaconess Hospital in Plymouth, MA for evaluation. Detainee (b)(6)(b)(7)(C) was treated for a laceration to his head and returned to the facility. (b)(6)(b)(7)(C) had no injuries and was cleared to be housed in Administrative Segregation pending a disciplinary board hearing. Review of security video determined that (b)(6)(b)(7)(C) was the aggressor and (b)(6)(b)(7)(C) did not throw any punches during the incident.

Did the detainee request segregation?

ICE Review of Segregation Cases

YES NO

6. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

8. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

9. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. **Additional Comment:** Case referred to district attorney.

11. **Describe the detainee's immigration history and prior criminal history, if applicable:**

IMMIGRATION HISTORY:

01/03/2004 - admitted into US through Newark, NJ as an asylee.

02/28/2019 – Subject taken into ICE custody and served with Notice to Appear form I-862 served.

ICE Review of Segregation Cases

01/22/2020 – subject ordered excluded/deported/removed by an Immigration Judge.

02/24/2020 – subject files an appeal with the BIA.

11/17/2020 – BIA appeal currently pending.

CRIMINAL HISTORY:

Arrest: 03/09/2018

Lowell District Court

Offense: Assault to Rape, Unarmed Robbery, Strangulation/Suffocation, B&E Daytime Felony, A&B Family/Household Member, A&B Dangerous Weapon - Wall

Disposition: 06/07/18 NP

Arrest: 06/12/2017

Lawrence District Court

Offense: A&B Dangerous Weapon

Disposition: GUILTY 09/05/2018 2YR SS 09/04/20

Arrest: 05/03/2017

Lawrence District Court

Offense: A&B Family/Household Member

Disposition: GUILTY 09/15/18 2 YR SS 09/04/20

Arrest: 12/09/2016

Lowell District Court

Offense: Operating After Suspend Lic

Disposition: Fine

Arrest: 09/28/2016

Lawrence District Court

Offense: Assault Dangerous Weapon

Disposition: Dismissed

Arrest: 06/07/2016

Quincy District Court

Offense: Operating After Suspend Lic

Disposition: Dismissed

Arrest: 04/12/2016

Quincy District Court

Offense: Operating After Suspend Lic

Disposition: Dismissed

Arrest: 09/08/2015

Chelsea District Court

Offense: OUI

Disposition: CWOV VACATED G TERM

ICE Review of Segregation Cases

Arrestment: 02/08/2012

Montgomery County, OH Common Pleas Court

Offense: Grand Theft (Motor Vehicle)

Disposition: 5 years community controls and 12 months imprisonment

Arrestment: 02/08/2012

Montgomery County, OH Common Pleas Court

Offense: Assault

Disposition: 5 years community controls and 180 days imprisonment

Arrestment: 11/12/2011

Montgomery County, OH Common Pleas Court

Offense: Aggravated Burglary (Physical Harm)

Disposition: Dismissed

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 4/8/2020

3. Date of Disciplinary Proceeding (If Applicable):
4/16/2020

4. Length of Disciplinary Sanction (If Applicable):
25 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On April 8, 2020, at approximately 3:30 p.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DS-3 (level 3 offenders) initiated a Code-13 assault on a staff member. Responding officers quickly restrained the detainee and removed him from the unit. The officer was examined by facility medical staff and transported to the Beth Israel Deaconess Hospital in Plymouth, Massachusetts for further evaluation. The detainee was also examined by facility medical staff and it was determined that he had no injuries and was suitable for housing in Administrative Segregation pending review by the Disciplinary Board. The officer returned to the facility that evening after receiving treatment at the hospital for a small laceration under his eye (no sutures required) and a jammed finger.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. **Additional Comment:** An internal investigation by the Plymouth County Correctional Facility Investigations Unit is still ongoing to determine if state charges are warranted.

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/04/1996 - subject entered the United States through New York, New York as a refugee.

02/23/1999 - subject adjusted status to Lawful Permanent Resident retroactive to December 4, 1996.

10/08/2019 – Notice to Appear form I-862 served.

ICE Review of Segregation Cases

03/27/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien reserved appeal due 4/27/2020.

4/22/2020 – No appeal filed at the time of this report.

CRIMINAL HISTORY:

Arrest Date: 10/24/2017

Arrest Agency: Lewiston Police Department

Charge Literal: Unlawful Possession of a Scheduled Drug

Disposition: Guilty

Arrest Date: 07/03/2018

Arrest Agency: Lewiston Police Department

Charge Literal: Aggravated Assault

Disposition: Unknown

Arrest Date: 03/17/2014

Arrest Agency: Ross County Ohio

Charge Literal: Assault Felony

Disposition: Convicted on other charge

Arrest Date: 07/03/2015

Arrest Agency: Franklin County Ohio

Charge Literal: Improperly Handling Firearm, assault, domestic violence

Disposition: Dismissed

13. Reviewing Supervisor (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field O

14. Date: 4/22/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		female	3-High	BOS	Strafford County Jail

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 10/28/2021

3. Date of Disciplinary Proceeding (If Applicable):
on appeal

4. Length of Disciplinary Sanction (If Applicable):
Awaiting disciplinary board results

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On 10-28-2021 at 1115 hours, inmates (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were in a physical altercation in Unit D of Strafford County. (b)(6)(b)(7)(C) was dragging (b)(6)(b)(7)(C) across the floor by her shirt while striking her in the face. Due to (b)(6)(b)(7)(C)'s failure to comply with the CO's order to stop, she was (b)(7)(E) then (b)(6)(b)(7)(C) then complied and was placed in hand cuffs. She is currently being held in E unit while awaits her D Board Appeal. (b)(6)(b)(7)(C) has access to daily meals and showers. (b)(6)(b)(7)(C) is allowed to be out of her cell once a day.

Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. Additional Comment:

11. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

(b) (6), (b) (7)(C) claims to have entered the United States sometime in 2003. Immigration database checks show no record she made a legal entry during that time frame. On June 1, 2011, USCIS approved (b) (6), (b) (7)(C) Form 1-360, Petition for Amerasian, Widow(er), or Special Immigrant On September 7, 2011, USCIS approved (b) (6), (b) (7)(C) Form 1-485, Application to Register Permanent Residence or Adjust Status and adjusted her status to that of LPR. (b) (6), (b) (7)(C) currently appears to have no other applications or petitions pending.

On December 5, 2019, ERO Boston issued a Notice to Appear, Form 1-862 and on December 10, 2019, the ICE Office of Chief Counsel found the Notice to Appear to be legally sufficient.

ICE Review of Segregation Cases

On August 12, 2021, ERO Boston received notification from the Worcester District Court, Worcester, MA that (b) (6), (b) (7)(C) would be posting bail. ERO Boston responded by issuing a detainer, however (b) (6), (b) (7)(C) was released prior to Issuance. Verbal approval was obtained for an AART and was submitted in the system shortly thereafter.

On August 18, 2021, AART# LEA0040615 was approved.

On September 1, 2021, ERO Boston received notification from the Worcester District Court, Worcester, MA that (b) (6), (b) (7)(C) would be posting bail. ERO Boston responded to the district court and arrested STEWART after her release from state custody. (b) (6), (b) (7)(C) has been classified as an "aggravated felon" as defined in section 101 (a)(43).

CRIMINAL HISTORY:

(b) (7)(E)

On August 12, 2021, the Worcester District Court at Worcester, Massachusetts arraigned (b) (6), (b) (7)(C) for the offense of outstanding warrants. The criminal cases are pending.

On October 20, 2020, the East Brookfield District Court at East Brookfield, Massachusetts set arraignment for (b) (6), (b) (7)(C) for the offenses of Operating After Suspension of Driver's License, Compulsory Insurance Violation and Number Plate Obstruction. A default warrant was issued, and the criminal case is pending.

On January 05, 2020, the Worcester District Court at Worcester, Massachusetts arraigned (b) (6), (b) (7)(C) for the offenses of disorderly conduct, resisting arrest, trespassing, assault and battery dangerous weapon and larceny. The criminal case is pending.

On May 03, 2019, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Vandalize Property and sentenced (b) (6), (b) (7)(C) to 90 days committed.

On November 09, 2018, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offenses of Possession Class B Controlled Substance and Assault and Battery on Police Officer (2 counts) and sentenced (b) (6), (b) (7)(C) to 42 days and 90 days committed.

On August 07, 2018, the Northampton District Court at Northampton, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Assault and Battery and sentenced her to 14 days committed.

On June 30, 2017, the Chicopee District Court and the Chicopee Prison at Chicopee, Massachusetts convicted (b) (6), (b) (7)(C) for the offenses of Vandalize Property (3 counts), Disturb Correctional Institution (3 counts) and False Alarm (3 counts) and sentenced STEWART to 90 days committed for each count. False Alarm (3 counts) and sentenced (b) (6), (b) (7)(C) to 90 days committed for each count.

On June 23, 2017, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Possession to Distribute Class B Controlled Substance, to wit: Crack Cocaine and sentenced (b) (6), (b) (7)(C) to 30 days committed.

ICE Review of Segregation Cases

On June 23, 2017, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Larceny over \$250 and sentenced (b) (6), (b) (7)(C) to 42 days committed.

On January 19, 2016, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offenses of Malicious Destruction of Property under \$250 and Assault and Battery on Police Officer and sentenced (b) (6), (b) (7)(C) to 1-year supervised probation.

On December 18, 2010, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Breaking and Entering Night with intent to commit a felony and sentenced (b) (6), (b) (7)(C) to Continue Without Finding (CWOFF) for one year.

For a complete criminal history please see Ill and BOP in file.

12. Reviewing Supervisory Offi

(b)(6)(b)(7)(C)

Assistant Field Office Direct

(b)(6)(b)(7)(C)

13. Date: 1/29/2021

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 12/15/2020

3. Date of Disciplinary Proceeding (If Applicable):
12/15/2020

4. Length of Disciplinary Sanction (If Applicable):
10 Days Disciplinary Detention

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On Saturday December 15th, 2020 at approximately 02:56 PM, a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) observed two detainees ((b)(6)(b)(7)(C) who appeared to have been in a physical altercation. The officer issued an order to separate and both detainees complied. CERT officers responded and both detainees were placed in restraints without incident. Detainee (b)(6)(b)(7)(C) was bleeding from his nose and was soon after evaluated by medical staff for injuries. (b)(6)(b)(7)(C) was evaluated by medical as well. Both (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) was cleared to be housed in Administrative Segregation pending a disciplinary board hearing.

On December 22, 2020 - PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer. As of January 13, 2021, PCCF is continues to request transfer due to keep aways in assigned unit. (b)(6)(b)(7) is due for his 90-day custody review and ICE AOR BOS will re-evaluate this case upon completion of post order custody review (POCR).

ICE Review of Segregation Cases

Did the detainee request segregation?

YES NO

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. **Additional Comment:** PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

11. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

09/07/2010 – Subject admitted into US through Chicago, Illinois as an LPR.

ICE Review of Segregation Cases

04/25/19 - Notice to Appear form I-862 issued.

05/02/2019 – Detainer lodged at Suffolk County HOC on pending charges

04/14/2020 – ICE informed detainer was not honored by court

07/13/2020 – Subject taken into ICE custody and served with Notice to Appear form I-862 served

10/15/2020 – Subject ordered excluded/deported/removed by an Immigration Judge

12/29/2020 – ICE is awaiting issuance of a travel document

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 03/28/19

PD: SPR COURT: SPRINGFIELD DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: POSS CLASS A CONT SUB HEROIN CSA POSS A

STATUS: O WPD: WDT: DISP: C 6/25/19

ARRAIGNMENT: (0002)

ARG-DATE: 03/28/19

PD: SPR COURT: SPRINGFIELD DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: BRIBERY PUBLIC EMPLOYEE BRIBE

STATUS: O WPD: WDT: DISP: C 6/25/19

ARRAIGNMENT: (0003)

ARG-DATE: 07/13/15

PD: SOE COURT: SOMERVILLE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: B&E NT W/I COM FEL BUILD B&E NT W/I FEL

STATUS: C WPD: WDT: DISP: 5/9/16 DF 9/1/16 D/R C10/24/16 DF 2/7/17 DR C 3/21/17 C 4/26/17 C 5/5/17 C 5/12/17 G 6MO DEEM SRVD

ARRAIGNMENT: (0004)

ARG-DATE: 07/13/15

PD: SOE COURT: SOMERVILLE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: DESTRUCTION OF PROPERTY PROP DES

STATUS: C WPD: WDT: DISP: C5/9/16 DF 9/1/16 C 10/24/16 DF 2/7/17 DR C 3/21/17 C 4/26/17 C 5/5/17 C 5/12/17 G364 DA DEEM SRVD

ARRAIGNMENT: (0005)

ARG-DATE: 10/10/14

PD: BL2 COURT: NORFOLK SUPERIOR

DKT#: (b) (6), (b) (7)(C)

ICE Review of Segregation Cases

OFF: ATT TO COM CRIME (SPICIFY) UNARMED BURG ATT
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 364 DAYS HC

ARRAIGNMENT: (0006)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: (b) (6), (b) (7)(C)
OFF: B&E DT W/I COM FEL B&E DT W/I FEL
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0007)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: (b) (6), (b) (7)(C)
OFF: LARCENY MORE +\$250 LAR MORE
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0008)
ARG-DATE: 10/10/14
PD: BOS COURT: NORFOLK SUPERIOR
DKT#: (b) (6), (b) (7)(C)
OFF: KNOWINGLY REC STOLEN PROP +\$250 RSG
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 364 DAYS F&A 00743A

ARRAIGNMENT: (0009)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: (b) (6), (b) (7)(C)
OFF: B&E DT W/I COM FEL B&E DT W/I FEL
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0010)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR
DKT#: (b) (6), (b) (7)(C)
OFF: LARCENY MORE +\$250 LAR MORE
STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 DISM

ARRAIGNMENT: (0011)
ARG-DATE: 10/10/14
PD: BOS COURT: NORFOLK SUPERIOR
DKT#: (b) (6), (b) (7)(C)
OFF: KNOWINGLY REC STOLEN PROP +\$250 RSG
STATUS: V WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 3YRS PROB CONC 12/28/20
(@84)11/26/18 VN(2) 1/7/19 NVF 12/28/20 3/12/19 VN(4) 3/28/19 WAR 4/1/19 WAR W/D 5/20/19

ARRAIGNMENT: (0012)
ARG-DATE: 10/10/14
PD: BL2 COURT: NORFOLK SUPERIOR

ICE Review of Segregation Cases

DKT#: (b) (6), (b) (7)(C)

OFF: B&E DT W/I COM FEL B&E DT W/I FEL

STATUS: V WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 3YRS PROB CONC 12/28/20 (@84)
11/26/18 VN(2) 1/7/19 NVF 12/28/20 3/12/19 VN(4) 3/28/19 WAR 4/1/19 WAR W/D 5/20/19

ARRAIGNMENT: (0013)

ARG-DATE: 10/10/14

PD: BL2 COURT: NORFOLK SUPERIOR

DKT#: (b) (6), (b) (7)(C)

OFF: B&E NT W/I COM FEL B&E NT W/I FEL

STATUS: C WPD: WDT: DISP: 5/12/16WAR 8/31/16WAR W/D 9/27/16 G 364 DAYS HC CONC 00743D

ARRAIGNMENT: (0014)

ARG-DATE: 12/02/13

PD: BRL COURT: BROOKLINE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: B&E NT W/I COM FEL B&E NT W/I FEL

STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0015)

ARG-DATE: 12/02/13

PD: BRL COURT: BROOKLINE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: LARCENY FROM A BUILDING LAR BLDG

STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0016)

ARG-DATE: 12/02/13

PD: BRL COURT: BROOKLINE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: B&E NT W/I COM FEL B&E NT W/I FEL

STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0017)

ARG-DATE: 12/02/13

PD: BRL COURT: BROOKLINE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: LARCENY FROM A BUILDING LAR BLDG

STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0018)

ARG-DATE: 09/16/13

PD: BRL COURT: BROOKLINE DISTRICT

DKT#: (b) (6), (b) (7)(C)

OFF: ATTEMPT TO COMMIT CRIME ATT COM CRIME

STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0019)

ARG-DATE: 07/15/13

ICE Review of Segregation Cases

PD: BRL COURT: BROOKLINE DISTRICT
DKT#: (b) (6), (b) (7)(C)
OFF: B&E NT W/I COM FEL B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0020)
ARG-DATE: 07/15/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: (b) (6), (b) (7)(C)
OFF: MAL DESTRUCTION OF PROPERTY PROP MAL DES
STATUS: C WPD: WDT: DISP: % C 10/15/14 NP

ARRAIGNMENT: (0021)
ARG-DATE: 07/15/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: (b) (6), (b) (7)(C)
OFF: POSS BURGLARIOUS TOOLS PBT
STATUS: C WPD: WDT:
DISP: % C 10/15/14 NP

ARRAIGNMENT: (0022)
ARG-DATE: 04/08/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: (b) (6), (b) (7)(C)
OFF: B&E NT W/I COM FEL B&E NT W/I FEL
STATUS: C WPD: WDT: DISP: % C 6/10/13 DF 6/12/13 D/R C 10/15/14 NP

ARRAIGNMENT: (0023)
ARG-DATE: 04/08/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: (b) (6), (b) (7)(C)
OFF: MAL DESTRUCTION OF PROPERTY PROP MAL DES
STATUS: C WPD: WDT: DISP: % C 6/10/13 DF 6/12/13 D/R C 10/15/14 NP

ARRAIGNMENT: (0024)
ARG-DATE: 04/08/13
PD: BRL COURT: BROOKLINE DISTRICT
DKT#: (b) (6), (b) (7)(C)
OFF: RESISTING ARREST RESIST ARST
STATUS: C WPD: WDT: DISP: % C 6/10/13 DF 6/12/13 D/R C 10/15/14 NP

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	Medium/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 6/26/2020

3. Date of Disciplinary Proceeding (If Applicable):
6/29/2020

4. Length of Disciplinary Sanction (If Applicable):
Suspended Time

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 26, 2020, the DS3 unit officer discovered that (b)(6)(b)(7)(C) was not in his cell during the afternoon head count. (b)(6)(b)(7)(C) was located in the cell next to his, with two other detainees. (b)(6)(b)(7)(C) was reminded that he could not be out of place while the day room was on lockdown. (b)(6)(b)(7)(C) admitted to knowing that he was out of place and was instructed to return to his assigned cell. (b)(6)(b)(7)(C) returned to his cell and was instructed to close his cell door behind him. (b)(6)(b)(7)(C) began exhibiting a temper and kicked his cell door. At this time the unit officer determined that (b)(6)(b)(7)(C) was no longer fit to remain in the unit for failure to follow unit rules.

On June 29, 2020, (b)(6)(b)(7)(C) appeared before the Disciplinary Board and was granted suspended time. (b)(6)(b)(7)(C) refused to return to general population stating that he preferred to remain in administrative segregation.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

- 7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

- 8. Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

- 9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

- 10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not: Detainee was cleared to return to general population with suspended disciplinary time but requested to stay in Administrative Segregation.

- 11. Additional Comment:** ^{(b)(6)(b)(7)(C)} was granted suspended time from the Disciplinary Board and cleared to return to general population. ^{(b)(6)(b)(7)(C)} requested to remain in administrative segregation claiming he prefers being isolated as he ^{(b)(6)(b)(7)(C)}. ICE is not in possession of any documents verifying his claim. ^{(b)(6)(b)(7)(C)} opted out of voluntary ^{(b)(6)(b)(7)(C)} upon intake. On July 9, 2020, ^{(b)(6)(b)(7)(C)} again refused ^{(b)(6)(b)(7)(C)} but signed a consent form granting permission for Boston Medical Center to release his prior ^{(b)(6)(b)(7)(C)} results to the Plymouth County Correctional Facility. The request for medical records is still pending.

- 12. Describe the detainee's immigration history and prior criminal history, if applicable:**

ICE Review of Segregation Cases

IMMIGRATION HISTORY:

07/22/2015 - subject entered the United States through New York, New York as a B-1 visitor.

02/11/2016 - subject filed form I-589, Application for Asylum, with US Citizenship and Immigration Services.

08/22/2016 – subject filed form I-765, Application for Employment Authorization.

09/30/2016 – subject granted Employment Authorization valid until 09/29/2017.

02/12/2020 – Notice to Appear form I-862 served.

04/07/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien waived appeal.

07/09/2020 – subject currently scheduled for charter removal on September 8, 2020.

07/23/2020 – subject rescheduled for commercial removal on August 19, 2020.

CRIMINAL HISTORY:

Arrest Date: 02/11/2020

Arrest Agency: Massachusetts Bay Transportation Authority Police Department

Charge Literal: Assault and Battery (injuries)

Disposition: Unknown

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(a) Assistant Field Office Director

14. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

3. Date of Disciplinary Proceeding (If Applicable):

11/5/2020

2. Initial Date of Placement:

11/1/2020

4. Length of Disciplinary Sanction (If Applicable):

5 days disciplinary detention (30 days suspended) 20 days disciplinary detention to serve

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On November 1, 2020, at approximately 12:10 p.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) observed two detainees (b)(6)(b)(7)(C) that appeared to be fighting. The officer issued an order to separate and both detainees complied. CERT officers responded and both detainees were placed in restraints without incident. Both detainees were evaluated by medical staff which determined that detainee (b)(6)(b)(7)(C) would be transported to Beth Israel Deaconess Hospital in Plymouth, MA for evaluation. Detainee (b)(6)(b)(7)(C) was treated for a laceration to his head and returned to the facility. (b)(6)(b)(7)(C) had no injuries and was cleared to be housed in Administrative Segregation pending a disciplinary board hearing. Review of security video determined that (b)(6)(b)(7)(C) was the aggressor and (b)(6)(b)(7)(C) did not throw any punches during the incident.

November 30, 2020 - PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

ICE Review of Segregation Cases

Did the detainee request segregation?

YES NO

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. **Additional Comment:** Case referred to district attorney. PCCF has requested a transfer due to keep separate alerts in both ICE housing units. ICE is searching for bed space to facilitate the transfer.

11. Describe the detainee's immigration history and prior criminal history, if applicable:

ICE Review of Segregation Cases

IMMIGRATION HISTORY:

01/03/2004 - admitted into US through Newark, NJ as an asylee.

02/28/2019 – Subject taken into ICE custody and served with Notice to Appear form I-862 served.

01/22/2020 – subject ordered excluded/deported/removed by an Immigration Judge.

02/24/2020 – subject files an appeal with the BIA.

11/17/2020 – BIA appeal currently pending.

11/19/2020 – BIA appeal dismissed.

CRIMINAL HISTORY:

Arrest: 03/09/2018

Lowell District Court

Offense: Assault to Rape, Unarmed Robbery, Strangulation/Suffocation, B&E Daytime Felony, A&B Family/Household Member, A&B Dangerous Weapon - Wall

Disposition: 06/07/18 NP

Arrest: 06/12/2017

Lawrence District Court

Offense: A&B Dangerous Weapon

Disposition: GUILTY 09/05/2018 2YR SS 09/04/20

Arrest: 05/03/2017

Lawrence District Court

Offense: A&B Family/Household Member

Disposition: GUILTY 09/15/18 2 YR SS 09/04/20

Arrest: 12/09/2016

Lowell District Court

Offense: Operating After Suspend Lic

Disposition: Fine

Arrest: 09/28/2016

Lawrence District Court

Offense: Assault Dangerous Weapon

Disposition: Dismissed

Arrest: 06/07/2016

Quincy District Court

Offense: Operating After Suspend Lic

Disposition: Dismissed

Arrest: 04/12/2016

Quincy District Court

ICE Review of Segregation Cases

Offense: Operating After Suspend Lic
Disposition: Dismissed

Arrestment: 09/08/2015
Chelsea District Court
Offense: OUI
Disposition: CWOV VACATED G TERM

Arrestment: 02/08/2012
Montgomery County, OH Common Pleas Court
Offense: Grand Theft (Motor Vehicle)
Disposition: 5 years community controls and 12 months imprisonment

Arrestment: 02/08/2012
Montgomery County, OH Common Pleas Court
Offense: Assault
Disposition: 5 years community controls and 180 days imprisonment

Arrestment: 11/12/2011
Montgomery County, OH Common Pleas Court
Offense: Aggravated Burglary (Physical Harm)
Disposition: Dismissed

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
D. Board Review not done- Investigation pending.

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary
<input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer: A.AFOD

13. Date: 5/30/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 4/8/2020

3. Date of Disciplinary Proceeding (If Applicable):
4/16/2020

4. Length of Disciplinary Sanction (If Applicable):
25 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On April 8, 2020, at approximately 3:30 p.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DS-3 (level 3 offenders) initiated a Code-13 assault on a staff member. Responding officers quickly restrained the detainee and removed him from the unit. The officer was examined by facility medical staff and transported to the Beth Israel Deaconess Hospital in Plymouth, Massachusetts for further evaluation. The detainee was also examined by facility medical staff and it was determined that he had no injuries and was suitable for housing in Administrative Segregation pending review by the Disciplinary Board. The officer returned to the facility that evening after receiving treatment at the hospital for a small laceration under his eye (no sutures required) and a jammed finger.

On May 2, 2020, (b)(6)(b)(7)(C) completed his disciplinary time and was moved to administrative segregation. (b)(6)(b)(7)(C) will remain in administrative segregation for the safety and security of the facility. Discussions are underway to transfer (b)(6)(b)(7)(C) but his recent habeas filed on May 4, 2020, prohibits him from being moved out of Massachusetts.

ICE Review of Segregation Cases

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. **Additional Comment:** An internal investigation by the Plymouth County Correctional Facility Investigations Unit is still ongoing to determine if state charges are warranted.

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/04/1996 - subject entered the United States through New York, New York as a refugee.

02/23/1999 - subject adjusted status to Lawful Permanent Resident retroactive to December 4, 1996.

10/08/2019 – Notice to Appear form I-862 served.

ICE Review of Segregation Cases

03/27/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien reserved appeal due 4/27/2020.

4/22/2020 – No appeal filed at the time of this report.

CRIMINAL HISTORY:

Arrest Date: 10/24/2017

Arrest Agency: Lewiston Police Department

Charge Literal: Unlawful Possession of a Scheduled Drug

Disposition: Guilty

Arrest Date: 07/03/2018

Arrest Agency: Lewiston Police Department

Charge Literal: Aggravated Assault

Disposition: Unknown

Arrest Date: 03/17/2014

Arrest Agency: Ross County Ohio

Charge Literal: Assault Felony

Disposition: Convicted on other charge

Arrest Date: 07/03/2015

Arrest Agency: Franklin County Ohio

Charge Literal: Improperly Handling Firearm, assault, domestic violence

Disposition: Dismissed

13. Reviewing Supervi (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field Offi

14. Date: 5/11/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Medium/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:
 *60 Day _____

2. Initial Date of Placement: 6/26/2020

3. Date of Disciplinary Proceeding (If Applicable):
6/29/2020

4. Length of Disciplinary Sanction (If Applicable):
Suspended Time

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 26, 2020, the DS3 unit officer discovered that (b)(6)(b)(7)(C) was not in his cell during the afternoon head count. (b)(6)(b)(7)(C) was located in the cell next to his, with two other detainees. (b)(6)(b)(7)(C) was reminded that he could not be out of place while the day room was on lockdown. (b)(6)(b)(7)(C) admitted to knowing that he was out of place and was instructed to return to his assigned cell. (b)(6)(b)(7)(C) returned to his cell and was instructed to close his cell door behind him. (b)(6)(b)(7)(C) began exhibiting a temper and kicked his cell door. At this time the unit officer determined that (b)(6)(b)(7)(C) was no longer fit to remain in the unit for failure to follow unit rules.

On June 29, 2020, (b)(6)(b)(7)(C) appeared before the Disciplinary Board and was granted suspended time. (b)(6)(b)(7)(C) refused to return to general population stating that he preferred to remain in administrative segregation.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

- 7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?**
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

- 8. Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

- 9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

- 10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not: Detainee was cleared to return to general population with suspended disciplinary time but requested to stay in Administrative Segregation.

- 11. Additional Comment:** ^{(b)(6)(b)(7)(C)} was granted suspended time from the Disciplinary Board and cleared to return to general population. ^{(b)(6)(b)(7)(C)} requested to remain in administrative segregation claiming he prefers being isolated as he ^{(b)(6)(b)(7)(C)} ICE is not in possession of any documents verifying his claim. ^{(b)(6)(b)(7)(C)} opted out of voluntary ^{(b)(6)(b)(7)(C)} upon intake. On July 9, 2020, ^{(b)(6)(b)(7)(C)} again refused ^{(b)(6)(b)(7)(C)} but signed a consent form granting permission for Boston Medical Center to release his prior ^{(b)(6)(b)(7)(C)} results to the Plymouth County Correctional Facility. The request for medical records is still pending as of August 24, 2020.

- 12. Describe the detainee's immigration history and prior criminal history, if applicable:**

ICE Review of Segregation Cases

IMMIGRATION HISTORY:

07/22/2015 - subject entered the United States through New York, New York as a B-1 visitor.

02/11/2016 - subject filed form I-589, Application for Asylum, with US Citizenship and Immigration Services.

08/22/2016 – subject filed form I-765, Application for Employment Authorization.

09/30/2016 – subject granted Employment Authorization valid until September 29, 2017.

02/12/2020 – Notice to Appear form I-862 served.

04/07/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien waived appeal.

07/09/2020 – subject currently scheduled for charter removal on September 8, 2020.

07/23/2020 – subject rescheduled for commercial removal on August 19, 2020.

08/17/2020 – Removal scheduled for August 19, 2020 canceled. Rescheduled for September 3, 2020.

CRIMINAL HISTORY:

Arrest Date: 02/11/2020
Arrest Agency: Massachusetts Bay Transportation Authority Police Department
Charge Literal: Assault and Battery (injuries)
Disposition: Unknown

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(a) Assistant Field Office Director

14. Date: _____

ICE Review of Segregation Cases

On May 20, 2020, ^{(b)(6)(b)(7)(C)} District Court habeas petition was denied. BIA appeal still pending.

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: ICE is currently unable to move ^{(b)(6)(b)(7)(C)} to an alternative facility due to the COVID pandemic. ^{(b)(6)(b)(7)(C)} will likely be moved as soon as practicable.

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/04/1996 - subject entered the United States through New York, New York as a refugee.

02/23/1999 - subject adjusted status to Lawful Permanent Resident retroactive to December 4, 1996.

10/08/2019 – Notice to Appear form I-862 served.

ICE Review of Segregation Cases

03/27/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien reserved appeal due 4/27/2020.

4/24/2020 – Appeal filed with BIA.

5/4/2020 – Habeas petition filed with District Court.

5/20/2020 – District Court dismissed habeas petition.

6/3/2020 – BIA appeal still pending.

CRIMINAL HISTORY:

Arrest Date: 10/24/2017

Arrest Agency: Lewiston Police Department

Charge Literal: Unlawful Possession of a Scheduled Drug

Disposition: Guilty

Arrest Date: 07/03/2018

Arrest Agency: Lewiston Police Department

Charge Literal: Aggravated Assault

Disposition: Unknown

Arrest Date: 03/17/2014

Arrest Agency: Ross County Ohio

Charge Literal: Assault Felony

Disposition: Convicted on other charge

Arrest Date: 07/03/2015

Arrest Agency: Franklin County Ohio

Charge Literal: Improperly Handling Firearm, assault, domestic violence

Disposition: Dismissed

13. Reviewing Super

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(a) Assistant Field

14. Date:

01/3/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	female	3-High	BOS	Strafford County Jail

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 10/28/2021

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
TBD

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input checked="" type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On 10-28-2021 at 1115 hours, inmates (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were in a physical altercation in Unit D of Strafford County. (b)(6)(b)(7)(C) was dragging (b)(6)(b)(7)(C) across the floor by her shirt while striking her in the face. Due to (b)(6)(b)(7)(C) failure to comply with the CO's order to stop, she was (b)(7)(E) (b)(6)(b)(7)(C) then complied and was placed in hand cuffs. She is currently being held in E unit while awaits her D Board Appeal. (b)(6)(b)(7)(C) has access to daily meals and showers. (b)(6)(b)(7)(C) is allowed to be out of her cell once a day.

On 11-29-2021. Subject completed her MAX Time, but she was still behaviorally unstable. She was housed under administrative segregation for the remainder of her time at Strafford.

On 12/26/2021, a male inmate was observed passing a note to (b)(6)(b)(7)(C) underneath her cell door. Correctional Officers removed (b)(6)(b)(7)(C) from her cell to conduct a search of her cell. (b)(6)(b)(7)(C) become argumentative and verbally aggressive. (b)(6)(b)(7)(C) was placed in handcuffs due to her behavior. Once the officers began escorting (b)(6)(b)(7)(C) to Booking, (b)(6)(b)(7)(C) began screaming unintelligibly and resisted the officers' escorts. (b)(6)(b)(7)(C) had to be carried by

ICE Review of Segregation Cases

the officers to another cell in Booking. ^{(b)(6)(b)(7)(C)} was placed in the prone position to safely remove the handcuffs. ^{(b)(6)(b)(7)(C)} is placed on Maximum Security after assaulting officers causing injuries during her escort.

Did the detainee request segregation?

YES NO

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. Additional Comment:

11. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

ICE Review of Segregation Cases

(b) (6), (b) (7)(C) claims to have entered the United States sometime in 2003. Immigration database checks show no record she made a legal entry during that time frame. On June 1, 2011, USCIS approved (b) (6), (b) (7)(C) Form 1-360, Petition for Amerasian, Widow(er), or Special Immigrant On September 7, 2011, USCIS approved (b) (6), (b) (7)(C) Form 1-485, Application to Register Permanent Residence or Adjust Status and adjusted her status to that of LPR. (b) (6), (b) (7)(C) currently appears to have no other applications or petitions pending.

On December 5, 2019, ERO Boston issued a Notice to Appear, Form 1-862 and on December 10, 2019, the ICE Office of Chief Counsel found the Notice to Appear to be legally sufficient.

On August 12, 2021, ERO Boston received notification from the Worcester District Court, Worcester, MA that (b) (6), (b) (7)(C) would be posting bail. ERO Boston responded by issuing a detainer, however (b) (6), (b) (7)(C) was released prior to issuance. Verbal approval was obtained for an AART and was submitted in the system shortly thereafter.

On August 18, 2021, (b) (6), (b) (7)(C) was approved.

On September 1, 2021, ERO Boston received notification from the Worcester District Court, Worcester, MA that (b) (6), (b) (7)(C) would be posting bail. ERO Boston responded to the district court and arrested (b) (6), (b) (7)(C) after her release from state custody. (b) (6), (b) (7)(C) has been classified as an "aggravated felon" as defined in section 101 (a)(43).

CRIMINAL HISTORY:

(b) (7)(E)

On August 12, 2021, the Worcester District Court at Worcester, Massachusetts arraigned (b) (6), (b) (7)(C) for the offense of outstanding warrants. The criminal cases are pending.

On October 20, 2020, the East Brookfield District Court at East Brookfield, Massachusetts set arraignment for (b) (6), (b) (7)(C) for the offenses of Operating After Suspension of Driver's License, Compulsory Insurance Violation and Number Plate Obstruction. A default warrant was issued and the criminal case is pending.

On January 05, 2020, the Worcester District Court at Worcester, Massachusetts arraigned (b) (6), (b) (7)(C) for the offenses of disorderly conduct, resisting arrest, trespassing, assault and battery dangerous weapon and larceny. The criminal case is pending.

On May 03, 2019, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Vandalize Property and sentenced (b) (6), (b) (7)(C) to 90 days committed.

On November 09, 2018, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offenses of Possession Class B Controlled Substance and Assault and Battery on Police Officer (2 counts) and sentenced (b) (6), (b) (7)(C) to 42 days and 90 days committed.

On August 07, 2018, the Northampton District Court at Northampton, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Assault and Battery and sentenced her to 14 days committed.

ICE Review of Segregation Cases

On June 30, 2017, the Chicopee District Court and the Chicopee Prison at Chicopee, Massachusetts convicted (b) (6), (b) (7)(C) for the offenses of Vandalize Property (3 counts), Disturb Correctional Institution (3 counts) and False Alarm (3 counts) and sentenced (b) (6), (b) (7)(C) to 90 days committed for each count. False Alarm (3 counts) and sentenced (b) (6), (b) (7)(C) to 90 days committed for each count.

On June 23, 2017, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Possession to Distribute Class B Controlled Substance, to wit: Crack Cocaine and sentenced (b) (6), (b) (7)(C) to 30 days committed.

On June 23, 2017, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Larceny over \$250 and sentenced (b) (6), (b) (7)(C) to 42 days committed.

On January 19, 2016, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offenses of Malicious Destruction of Property under \$250 and Assault and Battery on Police Officer and sentenced (b) (6), (b) (7)(C) to 1-year supervised probation.

On December 18, 2010, the Worcester District Court at Worcester, Massachusetts convicted (b) (6), (b) (7)(C) for the offense of Breaking and Entering Night with intent to commit a felony and sentenced (b) (6), (b) (7)(C) to Continued Without Finding (CWOFF) for one year.
For a complete criminal history please see Ill and BOP in file.

12. Reviewing Supervisory Officer:

13. Date: _____

12/27/2021

X (b)(6)(b)(7)(C) _____

(b)(6)(b)(7)(C) Signed by: (b)(6)(b)(7)(C)

Assistant Field Office Director

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	3-High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:
***72 Hour Special Vulnerability**

2. Initial Date of Placement: 9/14/2020

3. Date of Disciplinary Proceeding (If Applicable):
9/16/2020

4. Length of Disciplinary Sanction (If Applicable):
8 days suspended

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On September 14, 2020, at approximately 3:30 p.m., a Plymouth County Correctional Facility officer assigned to ICE Unit DN-3 (level 3 offenders) was approached by detainee (b)(6)(b)(7) requesting protective custody. (b)(6)(b)(7) stated that his cell mate was a rapist and he couldn't live with him anymore. The officer offered to move (b)(6)(b)(7) to a different cell and (b)(6)(b)(7) refused. (b)(6)(b)(7) was asked if he was refusing housing to which he responded, "yes, I don't want to live with anyone, I want to live in a single cell". (b)(6)(b)(7) was removed from the unit and cleared to be housed in Administrative Segregation pending a Disciplinary Board review for refusing housing.

On September 16, 2020, (b)(6)(b)(7) received (8) days suspended sentence from the Disciplinary Board. (b)(6)(b)(7) remained in Administrative Segregation while the facility coordinated alternate housing due to "keep separate" alerts added for (b)(6)(b)(7) and his previous cellmate.

On September 19, 2020, (b)(6)(b)(7) was moved from Administrative Segregation to booking and placed on mental health watch. On September 23, 2020, the mental health clinician notified ICE that this detainee has

ICE Review of Segregation Cases

been diagnosed with "Unspecified Psychotic Disorder and Unspecified Mood Disorder".^{(b)(6)(b)(7)} was cleared from mental health watch on September 23, 2020 and is being housed in Administrative Segregation pending review for alternate housing.^{(b)(6)(b)(7)(C)} mental health diagnosis makes him a Special Vulnerability.

Did the detainee request segregation?

YES NO

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

Detainee is diagnosed with Unspecified Psychotic Disorder and Unspecified Mood Disorder. He is prescribed psychiatric medications, including antipsychotic medications, which he has been consistently taking.

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

According to the Special Management Clinical Specialist,^{(b)(6)(b)(7)} has been showing progress since starting his medication. She does not believe that a transfer to a hospital is required at this time. She will continue

ICE Review of Segregation Cases

monitoring him daily for improvements/deterioration of ^{(b)(6)(b)(7)(C)} status. ^{(b)(6)(b)(7)} has daily access to MH services while housed in segregation.

10. Additional Comment: Due to a keep separate orders entered for both detainees, separate housing is required.

11. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

UNK – ^{(b)(6)(b)(7)} entered the United States on an unknown date and at an unknown location.

06/6/2001 – ^{(b)(6)(b)(7)} adjusted his status to that of an E30 (Child of a Skilled Worker)

04/10/2013 – I-862 Notice to Appear issued.

08/21/2020 – ^{(b)(6)(b)(7)} arrested by ICE after posting bail at Worcester County House of Corrections.

09/23/2020 – Immigration case still pending.

CRIMINAL HISTORY:

Arrest Agency: Webster PD
Arraignment Date: 8/19/2020
Charge: Trespassing
Disposition: Pending

Arrest Agency: Webster PD
Arraignment Date: 8/19/2020
Charge: Trespassing
Disposition: Pending

Arrest Agency: Webster PD
Arraignment Date: 8/19/2020
Charge: Disturbing the Peace (Breach)
Disposition: Pending

Arrest Agency: Webster PD
Arraignment Date: 8/19/2020
Charge: Open and Gross Lewdness
Disposition: Pending

Arrest Agency: Webster PD
Arraignment Date: 8/19/2020
Charge: Entering W/O Breaking
Disposition: Pending

ICE Review of Segregation Cases

Arrest Agency: Webster PD
Arraignment Date: 8/19/2020
Charge: Trespassing
Disposition: Pending

Arrest Agency: Worcester PD
Arraignment Date: 7/1/2020
Charge: Sexual Conduct for Fee
Disposition: Dismissed

Arrest Agency: Worcester PD
Arraignment Date: 7/1/2020
Charge: Indecent Exposure
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 7/1/2020
Charge: Trespassing
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 1/27/2020
Charge: Disorderly Conduct
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 1/9/2020
Charge: Possession Class B (Crack Cocaine)
Disposition: Dismissed

Arrest Agency: Worcester PD
Arraignment Date: 10/16/2019
Charge: Trespassing
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 10/10/2019
Charge: Disorderly Conduct
Disposition: Civil (277-70C)

Arrest Agency: Worcester PD
Arraignment Date: 10/11/2018
Charge: Possession Class C
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 10/11/2018
Charge: Trespassing
Disposition: Guilty

ICE Review of Segregation Cases

Arrest Agency: Worcester PD
Arraignment Date: 09/26/2018
Charge: Trespassing
Disposition: Civil (277-70C)

Arrest Agency: Webster PD
Arraignment Date: 06/04/2018
Charge: Possession of Class D
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 01/03/2017
Charge: Larceny from a Person
Disposition: Guilty

Arrest Agency: Worcester PD
Arraignment Date: 01/11/2016
Charge: Disorderly Conduct
Disposition: Dismissed

Arrest Agency: Worcester PD
Arraignment Date: 01/11/2016
Charge: Disturbing the Peace (Breach)
Disposition: Civil (277-70C)

Arrest Agency: Webster PD
Arraignment Date: 12/10/2015
Charge: Shoplifting (3rd offense)
Disposition: Dismissed

Arrest Agency: Webster PD
Arraignment Date: 12/10/2015
Charge: Conspiracy
Disposition: Dismissed

Arrest Agency: Southbridge PD
Arraignment Date: 09/08/2015
Charge: Shoplifting (3rd offense)
Disposition: Civil (277-70C)

Arrest Agency: Webster PD
Arraignment Date: 10/03/2012
Charge: Threatening Commit Crime
Disposition: Dismissed

Arrest Agency: Webster PD
Arraignment Date: 10/03/2012

ICE Review of Segregation Cases

Charge: Disturbing the Peace (Breach)
Disposition: Dismissed

Arrest Agency: Webster PD
Arraignment Date: 09/04/2012
Charge: Uttering Counterfeit Note
Disposition: Dismissed

Arrest Agency: Webster PD
Arraignment Date: 09/04/2012
Charge: Counterfeit
Disposition: Dismissed

Arrest Agency: Webster PD
Arraignment Date: 09/04/2012
Charge: Shoplifting
Disposition: Guilty

Arrest Agency: Webster PD
Arraignment Date: 09/04/2012
Charge: Assault and Battery
Disposition: Guilty

Arrest Agency: Oxford PD
Arraignment Date: 08/31/2012
Charge: Shoplifting
Disposition: Civil (277-70C)

Arrest Agency: Oxford PD
Arraignment Date: 08/31/2012
Charge: Shoplifting
Disposition: Civil (277-70C)

Arrest Agency: Webster PD
Arraignment Date: 04/09/2012
Charge: Assault and Battery
Disposition: Dismissed

Arrest Agency: Webster PD
Arraignment Date: 03/15/2012
Charge: Disorderly Conduct
Disposition: Guilty

Arrest Agency: Webster PD
Arraignment Date: 03/15/2012
Charge: Disturbing the Peace (Breach)
Disposition: Guilty

Arrest Agency: Webster PD

ICE Review of Segregation Cases

Arraignment Date: 03/13/2007
Charge: Shoplifting
Disposition: Guilty

Arrest Agency: Dudley PD
Arraignment Date: 10/30/2006
Charge: Possession of Class D
Disposition: Guilty

Arrest Agency: Dudley PD
Arraignment Date: 09/06/2006
Charge: Possession of Class D
Disposition: Guilty

Arrest Agency: Webster PD
Arraignment Date: 01/31/2006
Charge: Recreat Vehicle on Public Way
Disposition: CMTY SRV

12. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

(A)Assistant Field Office Director

13. Date: _____

ICE Review of Segregation Cases

On May 20, 2020, (b)(6)(b)(7)(C) District Court habeas petition was denied. BIA appeal still pending.

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: ICE is currently unable to move (b)(6)(b)(7)(C) to an alternative facility due to the COVID pandemic. (b)(6)(b)(7)(C) will likely be moved as soon as practicable. Discussions underway to determine if (b)(6)(b)(7)(C) could safely be given another opportunity in general population.

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/04/1996 - subject entered the United States through New York, New York as a refugee.

02/23/1999 - subject adjusted status to Lawful Permanent Resident retroactive to December 4, 1996.

ICE Review of Segregation Cases

10/08/2019 – Notice to Appear form I-862 served.

03/27/2020 – subject ordered excluded/deported/removed by an Immigration Judge. Alien reserved appeal due 4/27/2020.

4/24/2020 – Appeal filed with BIA.

5/4/2020 – Habeas petition filed with District Court.

5/20/2020 – District Court dismissed habeas petition.

6/3/2020 – BIA appeal still pending.

7/6/2020 - BIA appeal still pending.

CRIMINAL HISTORY:

Arrest Date: 10/24/2017

Arrest Agency: Lewiston Police Department

Charge Literal: Unlawful Possession of a Scheduled Drug

Disposition: Guilty

Arrest Date: 07/03/2018

Arrest Agency: Lewiston Police Department

Charge Literal: Aggravated Assault

Disposition: Unknown

Arrest Date: 03/17/2014

Arrest Agency: Ross County Ohio

Charge Literal: Assault Felony

Disposition: Convicted on other charge

Arrest Date: 07/03/2015

Arrest Agency: Franklin County Ohio

Charge Literal: Improperly Handling Firearm, assault, domestic violence

Disposition: Dismissed

13. Reviewing Supervisory Officer: (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(a) Assistant Field Office Directc

14. Date: 7/7/2020

ICE Review of Segregation Cases

the officers to another cell in Booking. (b)(6)(b)(7)(C) was placed in the prone position to safely remove the handcuffs. (b)(6)(b)(7)(C) is placed on Maximum Security after assaulting officers causing injuries during her escort.

On 1/14/2022, (b)(6)(b)(7)(C) intentionally flooded her cell using toilet paper. (b)(6)(b)(7)(C) was handcuffed and removed from her cell. (b)(6)(b)(7)(C) was escorted and placed in one of the cells in Booking. (b)(6)(b)(7)(C) was fed regularly. Subject was given access to showers. (b)(6)(b)(7)(C) was also visited by the medical staff. Subject is still being held on Maximum security due to her behavior.

Did the detainee request segregation?

YES NO

6. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Office

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. ^{(b)(6)(b)(7)(C)} Florence Detention Center ICE Health Service Corps (IHSC) psychologist; ^{(b)(6)(b)(7)(C)} has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer

13. Date: 5/29/2020



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) INMATE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: REFUSING HOUSING

2) Medical Officer (b)(6)(b)(7)(C) was notified at 1005 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C)

Shift Commander:
 ADS (b)(6), (b)(7)(C)

Signature:

Date: May 4, 2022 **Time:** 1005

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: _____ **Time:** _____ **am / pm**

Comments: _____

Superintendent or Designee: _____



Plymouth County Correctional Facility
FACILIDAD CORRECCIONAL DEL CONDADO DE PLYMOUTH
NOTICE OF DISCIPLINARY HEARING
ANUNCIO DE JUNTA DISCIPLINARIA

DATE (Fecha): 2022/05/05 8:16 D-Report # (Reporte Disciplinario): (b)(6)(b)(7)(C)
TO INMATE (A Encarcerado): (b)(6)(b)(7)(C) ID# (Numero): (b)(6)(b)(7)(C)

RE: OFFENSE(S) (Delito[s]):

Table with 4 columns: Charge Description, Misconduct Type, Criminal Charge Code, Notes. Rows include 'Conduct which disrupts' and 'Refusing a housing assignment'.

You have been charged with the above listed disciplinary offense(s) which has been referred to a Disciplinary Hearings Captain. Usted ha sido acusado de la ofensa disciplinaria aqui escrita la cual ha sido referida a un Oficial Disciplinario de junta(s). A more detailed description of offense(s) is contained in the attached Disciplinary Report # (Una descripcion mas detallada del delito es contenido en un Reporte Disciplinario extra, #) (b)(6)(b)(7)(C)

A hearing on that disciplinary report will be held on: 2022/05/06 at: 09:00
Una junta sobre aquel Reporte Disciplinario sera tomado en: 2022/05/06 a las: 09:00
at the following location (en al siguiente sitio): G Office

If you wish to be assisted, to request the presence of the reporting officer, or to call witnesses, please complete the relevant portions of the attached REQUEST FOR STAFF AND/OR WITNESS FORM. Si usted desea ser asistido, pedir la presencia del oficial reportero O llamar testigos por favor llena las porciones propias del REQUISITO PARA ASISTENCIA DE PERSONAL Y/O FORMA DE TESTIGOS.

You can voluntarily waive the hearing upon your request, but can still appeal a hearing decision up to seven (7) days after receiving the decision, in writing, to the Deputy Superintendent. Usted puede voluntariamente denunciar esta junta si desea, pero todavia puede apelar una decision de junta hasta siete (7) dias despues de haber recibido la decision, en escrito, al Superintendente Diputado.

TO BE COMPLETED BY INMATE (EL ENCARCERADO DEBE COMPLETAR):

I wish to voluntarily waive a disciplinary hearing regarding the above offense(s), but understand that I may appeal a hearing decision within seven (7) days of receipt. Yo deseo renunciar voluntariamente la junta disciplinaria acerca del delito aqui descrito, y entiendo de que yo puedo apelar la decision de la junta hasta siete (7) dias despues de haber la recibido. YES (SI) () NO (NO) ()

Inmate Signature (Firma del Encarcerado): _____

DATE (Fecha): _____ TIME (Hora): _____

I hereby acknowledge receipt of this notice, a copy of the disciplinary report (numbered above) and a REQUEST FOR STAFF ASSISTANCE AND/OR WITNESS form. Yo doy reconocimiento del recibo de este anuncio, copia del Reporte Disciplinario numerado arriba, y un REQUISITO PARA ASISTENCIA DE PERSONAL Y/O FORMA DE TESTIGOS.

Inmate Signature (Firma del Encarcerado): X _____

DATE (Fecha): _____ TIME (Hora): _____

TO BE COMPLETED BY STAFF (SER LLENADO POR PERSONAL):

Where an inmate has been given copies of this notice, the Disciplinary Report numbered above, and a REQUEST FOR STAFF ASSISTANCE AND/OR WITNESS form, but refuses to sign the acknowledgement, the following should be completed: Donde un encarcerado se le ha dado copias de este anuncio, el Reporte Disciplinario numerado arriba, y un REQUISITO PARA ASISTENCIA DE PERSONAL Y/O FORMA DE TESTIGOS, pero denuncia firmar el reconocimiento, las siguientes formas deben ser completadas. I have personally delivered copies of this notice, the Disciplinary Report numbered above, and a REQUEST FOR STAFF ASSISTANCE AND/OR WITNESS form to Inmate RAMIREZ RODRIGUEZ, DIOMEDES NMN; however, he has refused to sign the acknowledgement. Yo he personalmente entregado copias de este anuncio, el Reporte Disciplinario numerado arriba, y un REQUISITO PARA ASISTENCIA DE PERSONAL Y/O FORMA DE TESTIGOS, a el Encarcerado RAMIREZ RODRIGUEZ, DIOMEDES NMN; sin embargo, el ha rehusado firmar este reconocimiento.

OFFICER'S NAME (Print): (b)(6)(b)(7)(C) Date: 5/5/22 Time: 1200
Nombre Del Oficial (En Prints): (b)(6)(b)(7)(C) Fecha: 5/5/22 Hora: 1200



Plymouth County Correctional Facility
FACILIDAD CORRECCIONAL DEL CONDADO DE PLYMOUTH
NOTICE OF DISCIPLINARY HEARING
ANUNCIO DE JUNTA DISCIPLINARIA

DATE (Fecha): 2022/05/05 8:16

D-Report # (Reporte Disciplinario): (b)(6)(b)(7)(C)

TO INMATE (A Encarcerado):

(b)(6)(b)(7)(C)

ID# (Numero): (b)(6)(b)(7)(C)

OFFICER'S SIGNATURE (Firma Del Ofi

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

**3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending**

**4. Length of Disciplinary Sanction (If Applicable):
30 +**

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer:

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. ^{(b)(6)(b)(7)(C)} Florence Detention Center ICE Health Service Corps (IHSC) psychologist; ^{(b)(6)(b)(7)(C)} has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

Subject received CAT By IJ.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

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YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

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5. Reason for Placement: (Select Only One)

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|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
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Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. ^{(b)(6)(b)(7)(C)} Florence Detention Center ICE Health Service Corps (IHSC) psychologist; ^{(b)(6)(b)(7)(C)} has a history of schizophrenia and is currently receiving treatment by IHSC staff.

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YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Office

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

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- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Office

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary
<input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. ^{(b)(6)(b)(7)(C)} Florence Detention Center ICE Health Service Corps (IHSC) psychologist; ^{(b)(6)(b)(7)(C)} has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

**3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending**

**4. Length of Disciplinary Sanction (If Applicable):
30 +**

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. ^{(b)(6)(b)(7)(C)} Florence Detention Center ICE Health Service Corps (IHSC) psychologist; ^{(b)(6)(b)(7)(C)} has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer:

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020_

3. Date of Disciplinary Proceeding (If Applicable):
Investigation Pending –DP underway_

4. Length of Disciplinary Sanction (If Applicable):
_30+_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

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- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C), Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Office

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2	BOS	Bristol County

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway –DP Pending

4. Length of Disciplinary Sanction (If Applicable):
30+

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5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

*Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:
See explanation within item 11.*

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Office:

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

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5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See item number 11 for explanation.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

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YES NO

If yes, explain:

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YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer:

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

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5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
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5. Reason for Placement: (Select Only One)

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|---|---|

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See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

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5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Office

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

- Subject has had some heart issues, the last six months in custody.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Off

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
Investigation underway DP-Pending

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	High	BOS	Strafford County HOC

1. Type of Notification:

- 14-Day*
 30-Day
 Other 72 hours

2. Initial Date of Placement: _____ 07/12/2021 _____

3. Date of Disciplinary Proceeding (If Applicable):

4. Length of Disciplinary Sanction (If Applicable):

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input checked="" type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input checked="" type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

MH note: "IM to remain on MH observation until he can be seen by DR. Maguire and cleared. He has a lengthy history of psychiatric hospitalizations (he reports he is never incarcerated- but always hospitalized). His diagnosis is unclear- he suggests if not provided with his requested needs- he could lose the ability to manage his behaviors. He does not appear to be med complaint or cooperative with nursing staff". SC

YES NO

Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

6. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

ICE Review of Segregation Cases

7. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

8. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

9. Additional Comment:

10. Describe the detainee's immigration history and prior criminal history, if applicable:

(b) (6), (b) (7)(C) is a native and citizen of Bolivia born October 16, 1997 who last entered the United States on March 19, 2000 in Miami, Florida as a B-2 visitor for pleasure with authorization to remain in the United States for a temporary period not to exceed September 18, 2000. (b) (6), (b) (7)(C) claims to be unmarried and has had no petitions or adjustment of status applications filed on his behalf. Subject's parents (Juan Uriona A099374557) and (Jenny Uriona A099373494) are both citizens of Bolivia who also entered the United States on March 19, 2000 and are currently under immigration proceedings before an Immigration Judge. (b) (6), (b) (7)(C) does not derive U.S. citizenship.

CRIMINAL HISTORY;

FBI# (b) (7)(E)

On this date subject was convicted for Disorderly Conduct in 6th District Court of Providence, RI and sentenced to 6 months suspended.

***** CRIMINAL HISTORY *****

==== Cycle 001 =====

Tracking Number 53133882

Earliest Event Date 2015-12-31

Arrest Date 2015-12-31

Arrest Case (b) (7)(E)

Arresting Agency (b) (7)(E)

Charge 1

Charge Literal

Charge 2

Charge Literal

Charge 3

Charge Literal CLAIM,COLLECT,TAKE-ATTEMPT TO-AN AMOUNT GREAT THAN AMOUNT WON

Charge 4

Charge Literal

Court Disposition (Cycle 001)

ICE Review of Segregation Cases

Final Disposition Date 2017-01-10

Charge 1

Charge Literal

Charge Description COURT CASE: P2-2016-1344A

Counts 1

Disposition (2017-01-10; DISMISSED RULE 48A)

Charge 2

Charge Literal

Charge Description COURT CASE: P2-2016-1344A

Counts 2

Disposition (2017-01-10; DISMISSED RULE 48A)

Charge 3

Charge Literal CLAIM,COLLECT,TAKE-ATTEMPT TO-AN AMOUNT GREAT THAN AMOUNT WON

Charge Description COURT CASE: P2-2016-1344A

Counts 3

Disposition (2017-01-10; DISMISSED RULE 48A)

Charge 4

Charge Literal

Charge Description COURT CASE: P2-2016-1344A

Counts 4

Disposition (2017-01-10; DISMISSED RULE 48A; DIVERSION COMPLETED)

==== Cycle 002 =====

Tracking Number 53133882

Earliest Event Date 2018-01-19

Arrest Date 2018-01-19

Arrest Case Number (b) (7)(E)

Arresting Agency (b) (7)(E)

Charge 1

Charge Literal SIMPLE ASSAULT OR BATTERY

Statute (11-5-3)

Severity MISDEMEANOR

Charge 2

Charge Literal WILLFUL TRESPASS

Statute (11-44-26)

Severity MISDEMEANOR

==== Cycle 003 =====

Tracking Number 53133882

Earliest Event Date 2018-09-18

Arrest Date 2018-09-18

Arrest Case Number 1(b) (7)(E)

Arresting Agency (b) (7)(E)

Charge 1

Charge Literal LARCENY UNDER \$1500

Statute (11-41-1)

Severity MISDEMEANOR

==== Cycle 004 =====

Tracking Number 53133882

Earliest Event Date 2019-02-13

Arrest Date 2019-02-13

Arrest Case Number 1(b) (7)(E)

Arresting Agency (b) (7)(E)

Charge 1

Charge Literal DOMESTIC-DISORDERLY CONDUCT

ICE Review of Segregation Cases

Statute (11-45-1/12-29-5)
Severity MISDEMEANOR

Court Disposition (Cycle 004)
Final Disposition Date 2019-07-05
Charge 1

Charge Literal DOMESTIC VIOLENCE - DISORDERLY CONDUCT - 1ST
OFFENSE

Charge Description COURT CASE: 61-2019-01946
Statute (11-45-1/A)

Counts 1

Disposition (2019-07-05; Dismissal)

===== Cycle 005 =====

Tracking Number 53133882
Earliest Event Date 2020-10-05

Arrest Date 2020-10-05

Arrest Case Number (b) (7)(E)

Arresting Agency R(b) (7)(E) 0 SOUTH KINGSTOWN

Charge 1

Charge Literal OBSTRUCTING OFFICER IN EXECUTION OF DUTY

Statute (11-32-1)

Severity MISDEMEANOR

Charge 2

Charge Literal DISORDERLY CONDUCT

Statute (11-45-1)

Severity MISDEMEANOR

===== Cycle 006 =====

Tracking Number 53133882
Earliest Event Date 2020-10-21

Arrest Date 2020-10-21

Arrest Case Number (b) (7)(E)

Arresting Agency (b) (7)(E) PAWTUCKET

Charge 1

Charge Literal DOMESTIC-VANDALISM/MALICIOUS INJURY TO PROP

Statute (11-44-1/12-29-5)

Severity MISDEMEANOR

Charge 2

Charge Literal DOMESTIC-DISORDERLY CONDUCT

Statute (11-45-1/12-29-5)

Severity MISDEMEANOR

===== Cycle 007 =====

Tracking Number 53133882
Earliest Event Date 2020-10-23

Arrest Date 2020-10-23

Arrest Case Number 2(b) (7)(E)

Arresting Agency (b) (7)(E) PAWTUCKET

Charge 1

Charge Literal VIOLATION -NO CONTACT ORDER

Statute (12-29-4/12-29-5)

Severity MISDEMEANOR

Court Disposition (Cycle 007)

Final Disposition Date 2021-01-07

Charge 3

Charge Literal VIOLATION -NO CONTACT ORDER

Charge Description COURT CASE: (b) (7)(E)

ICE Review of Segregation Cases

Statute (12-29-4/12-29-5)
Severity MISDEMEANOR
Disposition (2021-01-07; DISMISSED 48A)
Charge 4
Charge Literal DISORDERLY CONDUCT
Charge Description COURT CASE: (b) (7)(E)
Statute (11-45-1)
Severity MISDEMEANOR
Disposition (UNKNOWN; NOLO PLEA; 6MS PROB)
===== Cycle 008 =====
Tracking Number 53133882
Earliest Event Date 2020-12-08

Arrest Date 2020-12-08
Arrest Case Number (b) (7)(E)
Arresting Agency R(b) (7)(E) PAWTUCKET
Charge 1
Charge Literal VIOLATION -NO CONTACT ORDER
Statute (12-29-4/12-29-5)
Severity MISDEMEANOR
Charge 2
Charge Literal DOMESTIC-DISORDERLY CONDUCT
Statute (11-45-1/12-29-5)
Severity MISDEMEANOR
Charge 3
Charge Literal FAILURE TO APPEAR/ANSWER SUMMONS
Statute (12-7-11)
Severity MISDEMEANOR

Court Disposition (Cycle 008)
Final Disposition Date 2020-12-09
Charge 1
Charge Literal DOMESTIC VIOLENCE - CRIMINAL VIOLATION OF NO CONTACT ORDER - 1ST OFFENSE
Charge Description COURT CASE: 61-2020-10298
Statute (12-29-4/A)
Counts 1
Severity MISDEMEANOR
Disposition (2020-12-09; DISMISSED BY PROS)
Charge 2
Charge Literal DISORDERLY CONDUCT
Charge Description COURT CASE: 61-2020-10298
Statute (11-45-1)
Counts 2
Severity MISDEMEANOR
Disposition (2021-01-07; NOLO PLEA; 6 M SUS; MHP)

(b)(6)(b)(7)(C)

11. Reviewing Supervisory C

12. Date: 14 July 21

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County HOC

1. **Type of Notification:**
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. **Initial Date of Placement:** _____ 5/09/2020 _____
3. **Date of Disciplinary Proceeding (If Applicable):**
_____ 5/19/2020 _____
4. **Length of Disciplinary Sanction (If Applicable):**
_____ 40 days _____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. **Reason for Placement: (Select Only One)**

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> Disciplinary</p> <p><input type="checkbox"/> Pending Investigation of Disciplinary Violation</p> <p><input type="checkbox"/> Facility Security: Violent or Disruptive Behavior</p> <p><input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction</p> <p><input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)</p> <p><input type="checkbox"/> Facility Security Threat: Other</p> <p><input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)</p> <p><input type="checkbox"/> Protective Custody: Gang Status</p> <p><input type="checkbox"/> Protective Custody: Victim of Sexual Assault</p> | <p><input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)</p> <p><input type="checkbox"/> Protective Custody: Other Special Vulnerability</p> <p><input type="checkbox"/> Protective Custody: Other</p> <p><input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> Medical: TB or Other Infectious Diseases</p> <p><input type="checkbox"/> Medical: Disabled or Infirm</p> <p><input type="checkbox"/> Medical: Detox/Withdrawal Observation</p> <p><input type="checkbox"/> Medical: Other</p> <p><input type="checkbox"/> Hunger Strike</p> <p><input type="checkbox"/> Suicide Risk Placement</p> <p><input type="checkbox"/> Other</p> |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. **Did the detainee request segregation?**

- YES NO

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 03/20/2022

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On March 20, 2022, (b)(6)(b)(7)(C) was removed from general population and housed in administrative segregation for insolence towards a staff member. Subject is currently awaiting a disciplinary hearing.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

Detainee is diagnosed with unspecified anxiety disorder and is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

(b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on March 22, 2021, the detainee presented as stable. Detainee (b)(6)(b)(7)(C) mood was euthymic with congruent affect. Detainee's thought process was organized, and goal directed and there was no evidence of psychosis. The detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

N/A.

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

On October 27, 1999, (b) (7)(C), (b) (6) was admitted to the United States at New York, New York as a legal permanent resident, F12 classification.

On June 8, 2010, ERO (NY) arrested (b) (7)(C), (b) (6) served him with a Notice to Appear pursuant to Section 237(a)(2)(A)(ii) of the Immigration and Nationality Act (INA). He was subsequently detained in ICE custody.

On August 9, 2010, (b) (7)(C), (b) (6) was ordered removed to Trinidad and Tobago by an Immigration Judge.

On August 26, 2010, (b) (7)(C), (b) (6) filed an appeal with the Board of Immigration Appeals (BIA).

ICE Review of Segregation Cases

On November 16, 2010, the BIA dismissed the appeal.

On December 1, 2010, (b) (7)(C), (b) (6) filed a petition for review and request for stay with 2nd Circuit Court of Appeals.

On December 9, 2010, (b) (7)(C), (b) (6) was released from ICE custody on an order or recognizance, due to his criminal convictions being on direct appeal.

On August 29, 2011, Office of Chief Counsel filed a Motion to Reopen with the BIA.

On November 28, 2011, the BIA granted the Motion to Reopen so the proceedings were reopened and terminated without prejudice.

On September 10, 2012, ERO (NY) issued (b) (7)(C), (b) (6) a Notice to Appear pursuant to Section 237(a)(2)(A)(iii) of the Immigration and Nationality Act (INA).

On November 9, 2012, an Immigration Judge Terminated Proceedings, due to his criminal convictions being on direct appeal.

On March 11, 2020, ERO CAP (NY) encountered (b) (7)(C), (b) (6) while he was incarcerated at the Bureau of Prisons MDC. OPLA signed the I-265 for legal sufficiency. An immigration detainer was placed on (b) (7)(C), (b) (6) and a Notice to Appear (NTA) pursuant to Section 237(a)(2)(A)(ii) of the Immigration and Naturalization Act (INA) was issued.

On November 12, 2020, ERO CAP encountered (b) (7)(C), (b) (6) while he was incarcerated at the Bergen County Jail in Hackensack, New Jersey for an outstanding violation of probation warrant. The immigration detainer followed (b) (7)(C), (b) (6) from the Bureau of Prisons MDC.

On November 2, 2021, Detainee is ordered removed by an immigration judge. Detainee waives appeal.

On November 17, 2021, ERO BOS submitted request for a travel document.

CRIMINAL HISTORY:

On October 9, 2007, the Queens County Criminal Court convicted (b) (7)(C), (b) (6) of Criminal Trespass - 2nd Degree and sentenced him to 3 years' probation.

On November 3, 2009, the Queens County Criminal Court convicted (b) (7)(C), (b) (6) of Intent to Obtain Transportation Without Paying and sentenced him to time served.

On September 10, 2014, the Suffolk County Court convicted (b) (7)(C), (b) (6) of Possession of Forged Instrument - 3rd Degree and sentenced him to time served.

On June 1, 2016, the Queens County Supreme Court convicted (b) (7)(C), (b) (6) of Possession Forged Instrument - 2nd Degree and sentenced him to 6 months.

On January 27, 2017, the Ridgefield Police Department arrested (b) (7)(C), (b) (6) for Theft by Unlawful Taking, and Trafficking in Personal Identification, specifically by being in possession over 25 envelopes containing

ICE Review of Segregation Cases

people's mail. (b) (7)(C), (b) (6) was convicted of Trafficking in Personal Identification by the Bergen County Superior Court on March 15, 2019, and sentenced to 30 days in the county jail, 3 years' probation and a \$1638 fine.

On July 20, 2017, the US Postal Inspection Service arrested (b) (7)(C), (b) (6) for Theft or Receipt of Stolen Mail. (b) (7)(C), (b) (6) was sentenced to 12 months imprisonment.

On August 15, 2018, the Avoca Town Court (NY) convicted (b) (7)(C), (b) (6) of Criminal Possession Stolen Property - 5th Degree and sentenced him to 90 days.

On February 6, 2019, the Kings County Criminal Court convicted (b) (7)(C), (b) (6) of Assault 3rd Degree: With Intent to Cause Physical Injury and Possession of Forged Instrument - 3rd Degree and was sentenced to time served.

On December 19, 2019, the Kings County Criminal Court convicted (b) (7)(C), (b) (6) of Criminal Mischief: Intent to Damage Property and Criminal Contempt - 2nd: Disobey Court and sentenced him to an order of protection term of 6 months.

On March 10, 2020, the United States Marshals Service arrested (b) (7)(C), (b) (6) for Violation of Probation.

On November 9, 2020, (b) (7)(C), (b) (6) was sentenced to 12 months imprisonment in Marshals custody.

On September 10, 2021 subject was transferred to ICE custody, he is currently being detained at Plymouth County Correctional facility.

ICE is currently awaiting issuance of a travel document and subject is tentatively scheduled for removal on March 31, 2022.

11. Reviewing Supervisor (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field C

12. Date: 03/22/2022

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 03/19/2022

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On March 19, 2022, ^{(b)(6)(b)(7)(C)} was removed from general population and housed in administrative segregation for fighting and conduct which disrupts. Subject is currently awaiting a disciplinary hearing.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

Detainee is diagnosed with unspecified anxiety disorder and is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

(b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on March 22, 2022. The detainee presented as stable with euthymic mood and congruent affect. The detainee's thought process was organized and goal directed and there was no evidence of psychosis. The detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

N/A.

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

On April 23, 2007, (b)(7)(C), (f) was admitted to the United States through Miami, FL as an IR2 Lawful Permanent Resident.

On March 26, 2019 ICE ERO arrested (b)(7)(C), (b) served him with a Notice to Appear pursuant to Section 237(a)(2)(B)(i) of the Immigration and Nationality Act (INA). He was subsequently detained in ICE custody.

On November 15, 2019, (b)(7)(C), (f) was ordered removed to Haiti by an Immigration Judge.

On December 09, 2019, (b)(7)(C), (f) filed an appeal with the Board of Immigration Appeals (BIA).

ICE Review of Segregation Cases

On June 30, 2020, the BIA dismissed the appeal.

On July 13, 2020, (b) (7)(C), (b) (6) filed a petition for review with the 1st Circuit Court of Appeals.

On July 15, 2020, (b) (7)(C), (b) (6) filed a request for stay with the 1st Circuit Court of Appeals.

On August 17, 2020 the 1st Circuit Court of Appeals granted stay of removal.

As of this writing PFR is currently still pending with the 1st Circuit Court of Appeals and a stay of removal remains in place.

CRIMINAL HISTORY:

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 01/08/19 PD: 665 COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)

OFF: POSS CLASS D CONT SUB CSA POSS D

DISP: C 3/26/19

ARRAIGNMENT: (0002)

ARG-DATE: 01/08/19 PD: 665 COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)

OFF: POSS TO DISTRIBUTE CLASS D SUBSQ. OFF CSA POSS DIST D

DISP: C 3/26/19

ARRAIGNMENT: (0004)

ARG-DATE: 09/15/17 PD: 665 COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)

OFF: POSS TO DISTRIBUTE CLASS D CSA POSS DIST D

DISP: C 8/6/18 G PROB 8/7/19 VN 3/26/19

ARRAIGNMENT: (0009)

ARG-DATE: 10/17/16 PD: 664 COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)

OFF: ASSAULT AND BATTERY A&B

DISP: G 18MOS SPS 6MOS CMTD BAL SS 12/21/17 VWF (60DA CMTD 8/15/17 VOP DF D/R VN 11/1/17 9/14/17 VOP DF D/R C 12/29/19 VN 2/28/18 VN 2/28/18 VOP TERM

ARRAIGNMENT: (0010)

ARG-DATE: 10/17/16 PD: 664 COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)

OFF: ASSAULT AND BATTERY PREGNANT VICTIM A&B

DISP: C 12/21/16 G 18MOS SPS 6MOS CMTD BAL SS 12/21/17 60DA CMTD 8/15/17 VOP DF D/R VN 11/1/17 9/14/17 VOPDF D/R C 12/29/17 VN 2/28/18 VOP TERM

ARRAIGNMENT: (0011)

ARG-DATE: 10/17/16 PD: 664 COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)

OFF: RESISTING ARREST RESIST ARST

DISP: C 12/21/16 G 18MOS SPS 6MOS CMTD BAL SS 12/21/17 (60DA DEEMED SERVED) 8/15/17 VOP DF D/R C 12/29/17 VN 2/28/18

ARRAIGNMENT: (0012)

ICE Review of Segregation Cases

ARG-DATE: 06/30/16 PD: 665 COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: DISTRIBUTE/DISPENSE CLASS D CSA DIST D
DISP: C 12/8/16 G 1YR SS PROB 12/5/18 8/16/17 VOP WAR 8/17/17 DR VN 2/15/18
TERM

ARRAIGNMENT: (0014)

ARG-DATE: 06/02/16 PD: 665 COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: POSS TO DISTRIBUTE CLASS D CSA POSS DIST D
DISP: C 12/8/16 G 1YR SS PROB 12/5/18 C 8/16/17 VOP DF 8/17/17 DR VN 2/15/18
TERM

ARRAIGNMENT: (0021)

ARG-DATE: 11/20/15 PD: COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: RESISTING ARREST RESIST ARST
DISP: C 12/8/16 G 1YR SS PROB 12/5/18 C 8/16/17 VOP DF 8/17/17 DR VN 9/14/17
12/5/18VN 2/15/18 TERM

ARRAIGNMENT: (0025)

ARG-DATE: 08/17/15 PD: COURT: BOSTON DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: RESISTING ARREST RESIST ARST
DISP: C 12/8/16 G 1YR SS PROB 12/5/18 8/16/17 VOP DF 8/17/17 DR VN 9/14/17
12/5/18 VN 2/15/18 TERM

ARRAIGNMENT: (0037)

ARG-DATE: 05/01/12 PD: BOS COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: POSS ELECTRONIC WEAP/STUN GUN POSS ELECTR WEAP
DISP: % C 8312 CWOFF SP 8814 112812 WAR 12312 WD VN121312 VOP 8814 1713 VOP WAR
2713WD VN22713 VOP 6MO CMTD

ARRAIGNMENT: (0041)

ARG-DATE: 11/23/11 PD: BOS COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: BREAKING AND ENTERING B&E
DISP: % C 42612DF43012DR 8312 CWOFF SP 3713 112812WAR1203 12WD VN121312VOP3713
1713VOPWAR 2713WD VN22713TERM

ARRAIGNMENT: (0043)

ARG-DATE: 10/03/11 PD: BOS COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: B&E DT W/I COM FEL B&E DT W/I FEL
DISP: % C 42612DF43012DR 8312 CWOFF SP 3713 112812WAR1203 12WD VN121312VOP3713
1713VOPWAR 2713WD VN22713TERM

ARRAIGNMENT: (0044)

ARG-DATE: 10/03/11 PD: BOS COURT: DORCHESTER DISTRICT DKT#: (b) (7)(C), (b) (6)
OFF: TRESPASSING TRES
DISP: C 42612DF43012DR 8312 CWOFF SP 3713 112812WAR120312 WD VN121312VOP 3713
1713VOP WAR 2713WD VN22713TERM

ICE Review of Segregation Cases

ALIENAGE:

(b)(6)(b)(7)(C)

11. Reviewing Supe

(b)(6)(b)(7)(C)

Assistant Field C

12. Date: __03/22/2022__

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: ___5/09/2020_____

3. Date of Disciplinary Proceeding (If Applicable):
 ___5/19/2020_____

4. Length of Disciplinary Sanction (If Applicable):
 ___40_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

See explanation within item 11.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject caused a disturbance in his unit. He tried to incite other detainees not to work. He also talked about initiating a demonstration.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer:

13. Date: 5/29/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2	BOS	Bristol

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:
60-Day

2. Initial Date of Placement: 5/1/2020

3. Date of Disciplinary Proceeding (If Applicable):
6/3/2020

4. Length of Disciplinary Sanction (If Applicable):
7/1/2020

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: caused a riot in ICE B/ severe property damage

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

Subject is a F/O. Scheduled removal date:8/4/2020

(b)(6)(b)(7)(C)

13. Reviewing Supervisory Officer: _____

14. Da

DONALD W. WYATT DETENTION FACILITY
ADMINISTRATIVE DETENTION PLACEMENT ORDER (b)(6)(b)(7)(C)

TO: _____ Lieutenant (b)(6)(b)(7)(C), Shift Commander
FROM: _____ (b)(6)(b)(7)(C)
RE: _____ (b)(6)(b)(7)(C) _____ (b)(6)(b)(7)(C) _____ 11/11/2022
 (Print Detainee Name) I.D.# Date

The above named detainee is being recommended/referred to restrictive housing for the following reason(s):	
<input type="checkbox"/>	A new commitment that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. (Provide explanation below and attach any supporting documentation)
<input type="checkbox"/>	A general population detainee that has been recommended for Administrative Detention (A/D) upon written order of the detainee's committing agency. (Provide explanation below and attach any supporting documentation)
<input type="checkbox"/>	New commitment pending review for Administrative Segregation (A/S). (Commitment paperwork and/or intelligence reflects high profile and/or violent)
<input checked="" type="checkbox"/>	Is pending investigation for violation of facility rules, regulations or criminal acts and his/her continued presence in general population poses a serious threat to life, property, self, staff, other detainees, or the security or orderly operation of the facility.
<input type="checkbox"/>	Is pending review for placement in Protective Custody (P/C).
<input type="checkbox"/>	Has been placed in Protective Custody (P/C).
<input type="checkbox"/>	Is pending review for placement in Administrative Segregation (A/S).
<input type="checkbox"/>	Has been placed in Administrative Segregation (A/S).
<input type="checkbox"/>	Has been placed on Dry Cell Observation.
<input type="checkbox"/>	ICE ONLY - Detainee has been housed in Restrictive Housing for medical reasons.

The above named detainee's presence in general population poses a serious threat to life, property, self, other detainees, security and/or orderly operation of the facility because: (Explain in as much detail as possible. A memorandum detailing the reason for placement may be attached in lieu of describing the specific incident in this section.)
 Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) has been relocated to Restrictive Housing for violation of facility rules Making a Verbal Statement to Cause Fear (A-19) and Unauthorized Physical Contact with Another Detainee (C-10).

MEDICAL REVIEW	
Medical Staff Notified By:	(b)(6)(b)(7)(C)
Name of Medical Staff Member:	(b)(6)(b)(7)(C)
Restrictive Housing Unit Placement Health Assessment Form Completed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Shift Commander's Approval:	L (b)(6)(b)(7)(C)	Date:	11/11/2022	Time:	1:45pm
On Coming Shift Commander's Review:		Date:		Time:	

Detainee given a copy of this form:	<input checked="" type="checkbox"/> Yes	Date:	11/11/2022	Time:	2:00pm
If no, why not:	<input type="checkbox"/> No				

ICE DETAINEE ONLY

Date and Time detainee was released from Restrictive Housing:	Date:		Time:	
---	-------	--	-------	--

Original: Records Department
 cc: Warden (within 72 hours)
 Chief of Security (within 72 hours)
 Chief of Programs (within 72 hours)
 Detainee

(b)(6)(b)(7)(C)

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

PART I. REPORT

Report No. _____

DETAINEE NAME: (b)(6)(b)(7)(C) BOOKING NUMBER: (b)(6)(b)(7)(C) DATE & TIME OF INCIDENT: 11/11/2022 09:45am PLACE OF INCIDENT: (b)(6)(b)(7)(C)

HOUSING UNIT: K-Ppd DISCIPLINARY OFFENSE(S) CHARGED: Making a Verbal Statement Causing Fear / Unauthorized Physical Contact OFFENSE CC: _____

SUMMARY OF INCIDENT:
 At approximately 9:45am, on November 11th, 2022, Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) was observed on facility DVR approaching another Detainee in the dayroom and appeared to make physical contact with the other detainee's chest using an open hand. Both detainees were brought to the Shift Commander's Office regarding this incident. Information was obtained that Detainee (b)(6)(b)(7)(C) had made threatening statements to another detainee within the unit. Detainee (b)(6)(b)(7)(C) is being charged with Making a Verbal Statement Causing Fear (A-19) and Unauthorized Physical Contact (C-10). End of Report.

Use of Force Yes No Spontaneous Calculated

Physical Evidence

Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition
(b)(6)(b)(7)(C)					

REPORT FILED DATE & TIME: 11/11/22 2:00pm EMPLOYEE NAME AND TITLE PRINTED: (b)(6)(b)(7)(C)

DATE SERVED: 11-11-2022 TIME SERVED: 2:00P

Detainee placed on Administrative Detention pending Disciplinary Hearing: Yes No Current Housing Assignment: G-10

PART II. INFORMAL SANCTIONS

8 HOURS EXTRA DUTY 24 HOUR LOCKDOWN FROM: _____ TO: _____ 48 HOUR LOCKDOWN FROM: _____ TO: _____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY: _____ DATE & TIME: (b)(6)(b)(7)(C) THE RIGHT TO A 24 HOUR HEARING NOTICE: (b)(6)(b)(7)(C)

HEARING OFFICER: (b)(6)(b)(7)(C) DATE & TIME: 1 PM

IS THE DETAINEE PRESENT FOR THE HEARING: YES NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: _____ PRINT: _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHT: (b)(6)(b)(7)(C) ON DATE/TIME: 11/14/22 1:00pm

STAFF ASSISTANCE REQUESTED: YES NO REQUESTED: Officer (b)(6)(b)(7)(C)

WITNESS REQUESTED: YES NO WITNESS NAME(S): (b)(6)(b)(7)(C)

DETAINEE'S PLEA:

CHARGE #1: A-34 NOT GUILTY GUILTY GUILTY WITH EXPLANATION

CHARGE #2: C-10 NOT GUILTY GUILTY GUILTY WITH EXPLANATION

CHARGE #3: NOT GUILTY GUILTY GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: X

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY:
 Dt. stated it was a verbal altercation and nothing more.

HEARING OFFICER CONCLUSION: 20pis Based on DVR footage/multiple witnesses + statements from individuals in unit + (b)(6)(b)(7)(C) statement hereby find you guilty on (C-10) Find you guilty on (A-34) (b)(6)(b)(7)(C) made two conflicting statements claiming nothing happened, has no issues recanted statement and stated it was a verbal dis-agreement

CHARGE #1: A-34	CHARGE #2: C-10	CHARGE #3:
<input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY	<input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY	<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY
20 DAYS DISCIPLINARY SEGREGATION	10 DAYS DISCIPLINARY SEGREGATION	_____ DAYS DISCIPLINARY SEGREGATION
0 DAYS SUSPENDED FOR 0 MONTHS	0 DAYS SUSPENDED FOR 0 MONTHS	_____ DAYS SUSPENDED FOR _____ MONTHS

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED. (2 days)

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C)

HEARING OFFICER SIGNATURE: _____ DATE & TIME: 11-14-22 1:00pm

HEARING OFFICER PRINT NAME: _____ DATE & TIME: _____

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

SHIFT COMMANDER/SUPERVISOR INVESTIGATIVE NOTES

DETAINEE'S STATEMENT AND ATTITUDE: "NOTHING HAPPENED."

BASED ON THE SHIFT COMMANDER'S/SUPERVISOR'S REVIEW, THE FOLLOWING DETERMINATION HAS BEEN MADE:

THERE IS SUFFICIENT EVIDENCE TO SUPPORT FURTHER REVIEW BY THE DISCIPLINARY HEARING OFFICER FOR THE FOLLOWING CHARGE(S): 1) A-19 2) C-10 3)

THERE IS INSUFFICIENT EVIDENCE TO SUPPORT FURTHER REVIEW BY THE DISCIPLINARY HEARING OFFICER OF THE FOLLOWING CHARGE(S): 1) 2) 3)

DATE AND TIME INVESTIGATION COMPLETED: 11-11-2022 1:13 AM / PM

NAME OF INVESTIGATOR: (b)(6)(b)(7)(C)

SIGNATURE OF INVESTIGATOR:

**DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT**

(b)(7)(E)

INCIDENT REPORT #

Time of Incident:	9:45am	Date of Incident:	11/11/22	Place Incident Occurred:	K-POD
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Time of Report:	12:50pm	Date of Report:	11/11/22
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Detainee Name:	(b)(6)(b)(7)(C)	(SID: (b)(6)(b)(7)(C))	Housing Unit:	K-POD
Detainee Name:	(b)(6)(b)(7)(C)	(SID: (b)(6)(b)(7)(C))	Housing Unit:	K-Pod

Codes & Subject:	INFORMATIONAL
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FROM:	Officer (b)(6)(b)(7)(C)	DEPARTMENT:	Security
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On Friday, November 11th, 2022, I, Officer (b)(6)(b)(7)(C) was posted as the New Side Break Relief Officer, (b)(6)(b)(7)(C) between the hours of 7am and 3pm. At approximately 10:00am, I was posted in K-Pod conducting break relief. While sitting at the officer's station a detainee asked me a question and while attempting to answer his question, I start to hear multiple detainees call "CO" and "fight." I then approached the crowd of detainees in the day room and asked what was going on as I observed two detainees having a verbal altercation. Another detainee stated everything is fine. Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) was involved in the altercation stated Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) hit him and he's been after him for multiple days and wants something done. I then reported this to shift command. I had no further involvement in this incident. End of Report.

Reporting Staff Signature:	Officer (b)(6)(b)(7)(C) / (b)(6)(b)(7)(C)
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Supervisors Action Taken

Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) and Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) were both escorted to the Shift Commander's Office regarding this incident. Further information was obtained through interviews involving threats made by Detainee (b)(6)(b)(7)(C) to Detainee (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) has been issued a Disciplinary Report for Making a Verbal Statement to Cause Fear (A-19) and Unauthorized Physical Contact with Another Detainee (C-10). Detainee (b)(6)(b)(7)(C) has been relocated to the Restrictive Housing Unit pending the outcome of his Disciplinary Hearing. Detainee (b)(6)(b)(7)(C) signed a General Population Waiver and was returned to K-Pod without restriction.

Supervisor's Signature:	Sergeant (b)(6)(b)(7)(C) / (b)(6)(b)(7)(C)	Date:	11/11/2022
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Shift Commander's Review and Designation of Class and Type:	<input checked="" type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
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Type of Incident:	I
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INCIDENT REPORT #: _____

Appendix B

Comments/Action Taken:

Lt (b)(6)(b)(7)(C) and in agreement with the action taken

(b)(6)(b)(7)(C)

Date: 11.11.22

Shift Commander Signature: _____

24hr review

(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)

Date: 11-12-2022

Time: 2:35am

Comments/Action Taken:

Upon further Review I agree with the actions taken

Approved

Denied

Modified

Shift Commander / or higher authority Signature: Lt (b)(6)(b)(7)(C)

Comments/Action Taken:

Class 3 incident - Wardens signature is not applicable.

Chief of Security Signature: _____

Comments/Action Taken: (Class 1 or Class 2 Incidents Class 3 if applicable)

Date: _____

Warden Signature: _____

cc: _____

DONALD W. WYATT DETENTION FACILITY
Investigation Report

INCIDENT REPORT #:

(b)(7)(E)

Time of Incident:	9:45am	Date of Incident:	11/11/2022	Place Incident Occurred:	K-Pod
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Time of Report:	12:50pm	Date of Report:	11/11/2022		
Time Investigation Started:	10:15am	Date Investigation Started:	11/11/2022		

Detainee Name:	(b)(6)(b)(7)(C)	(SID: (b)(6)(b)(7)(C))	Housing Unit:	K-Pod
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Discipline Codes:	Discipline Charges:
A-34	Making a Verbal Statement to Cause Fear
C-10	Unauthorized Physical Contact with Another Detainee

Investigating Officer:	Sergeant (b)(6)(b)(7)(C)	Department:	Security
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Summary:

On Friday, November 11th, 2022, Officer (b)(6)(b)(7)(C) was posted as the New Side Break Relief Officer, (b)(6)(b)(7)(C) between the hours of 7am and 3pm. At approximately 10:00am, while conducting the K-Pod break, she started to hear multiple detainees call "CO" and "fight." I then approached a crowd of detainees in the day room and asked what was going on as I observed two detainees having a verbal altercation. Another detainee stated everything is fine. Detainee (b)(6)(b)(7)(C) Josue (SID: (b)(6)(b)(7)(C)) was involved in the altercation stated Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) hit him and he's been after him for multiple days and wants something done. I then reported this to shift command. I had no further involvement in this incident. DVR footage was reviewed by Sergeant (b)(6)(b)(7)(C). At timestamp 9:45:31 am, Detainee (b)(6)(b)(7)(C) is observed approaching Detainee (b)(6)(b)(7)(C) who was sitting at a table, and made physical contact with Detainee (b)(6)(b)(7)(C) chest using an open hand. Detainee (b)(6)(b)(7)(C) proceeds to stand up in a confrontational manner toward (b)(6)(b)(7)(C). Officer (b)(6)(b)(7)(C) intervenes at this time and the two detainees separate.

Photos secured? Yes No - How many: **Video secured?** Yes No **Type (circle one):**
DVR or Handheld

Description of contraband and/or weapon(s): N/A

Date/Time logged into evidence: N/A

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Detainee Statement #1	(b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
Statement: Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) stated "I was sitting in the dayroom when (b)(6)(b)(7)(C) came up to me and hit my chest. He's been bothering me and won't leave me alone. He's been a problem to me. He has been threatening to fight me and beat me up."			
Detainee Statement #2	(b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
Statement: Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) stated "Nothing happened. I don't have any problems with anyone here."			
Detainee Statement #3	N/A	SID#	N/A
Statement: N/A			
Staff Witness Statement #1	Officer (b)(6)(b)(7)(C)		
Statement: Officer (b)(6)(b)(7)(C) stated "I was at the officer station when some detainees got my attention about something happening. I didn't see what happened."			
Staff Witness Statement #2	N/A		
Statement: N/A			
Detainee Witness Statement #1	Detainee (b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
Statement: Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) stated "I saw (b)(6)(b)(7)(C) walk up to (b)(6)(b)(7)(C) and hit his chest."			

Detainee Witness Statement #2	N/A	SID#	N/A
Statement: N/A			
<p>Investigator Conclusion: I find that there is sufficient evidence to issue Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) a Disciplinary Report for Making a Verbal Statement to Cause Fear (A-34) and Unauthorized Physical Contact with Another Detainee (C-14). Detainee (b)(6)(b)(7)(C) has been relocated to the Restrictive Housing Unit pending the outcome of his Disciplinary Hearing.</p>			
Time Investigation Completed:	1:13pm	Date Investigation Completed:	11/11/2022
Investigating Officer Signature:	Sergeant (b)(6)(b)(7)(C) / (b)(6)(b)(7)(C)		

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

PART I. REPORT			Report No.
DETAINEE NAME (b)(6)(b)(7)(C)		BOOKING NUMBER (b)(6)(b)(7)(C)	DATE & TIME OF INCIDENT: 11/11/2022 09:45am
HOUSING UNIT K-Ppd	DISCIPLINARY OFFENSE(S) CHARGED Making a Verbal Statement Causing Fear / Unauthorized Physical Contact		PLACE OF INCIDENT K-Pod
			OFFENSE CODE(S) A-19/C-10

SUMMARY OF INCIDENT:
 At approximately 9:45am, on November 11th, 2022, Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) was observed on facility DVR approaching another Detainee in the dayroom and appeared to make physical contact with the other detainee's chest using an open hand. Both detainees were brought to the Shift Commander's Office regarding this incident. Information was obtained that Detainee (b)(6)(b)(7)(C) had made threatening statements to another detainee within the unit. Detainee (b)(6)(b)(7)(C) is being charged with Making a Verbal Statement Causing Fear (A-19) and Unauthorized Physical Contact (C-10). End of Report.

Use of Force Yes No Spontaneous Calculated

Physical Evidence

Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition
(b)(6)(b)(7)(C)					

REPORT FILED DATE & TIME 11/11/22 2:00PM	EMPLOYEE NAME AND TITLE PRINTED (b)(6)(b)(7)(C) CD
DATE SERVED 11-11-2022	TIME SERVED 2:00P

Detainee placed on Administrative Detention pending Disciplinary Hearing: Yes No

Current Housing Assignment: G-10

PART II. INFORMAL SANCTIONS

8 HOURS EXTRA DUTY 24 HOUR LOCKDOWN FROM: TO: 48 HOUR LOCKDOWN FROM: TO:

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature	Date	Supervisor Signature	Date
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PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY: SIGNATURE: DATE & TIME: DETAINTEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE: DATE & TIME:

HEARING OFFICER COMMITTEE MEMBER NAME & TITLE:

IS THE DETAINEE PRESENT FOR THE HEARING? YES NO (IF NOT PRESENT ATTACH WAIVER REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: PRINT:

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: ON DATE TIME:

STAFF ASSISTANCE REQUESTED: YES NO STAFF NAME & TITLE IF REQUESTED:

WITNESS REQUESTED: YES NO WITNESS NAME(S):

DETAINEE'S PLEA:	CHARGE #1: <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	DETAINEE SIGNATURE: I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.
	CHARGE #2: <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	
	CHARGE #3: <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	

SUMMARY OF TESTIMONY:

HEARING OFFICER CONCLUSION:

CHARGE #1: <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY ____ DAYS DISCIPLINARY SEGREGATION ____ DAYS SUSPENDED FOR _____ MONTHS	CHARGE #2: <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY ____ DAYS DISCIPLINARY SEGREGATION ____ DAYS SUSPENDED FOR _____ MONTHS	CHARGE #3: <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY ____ DAYS DISCIPLINARY SEGREGATION ____ DAYS SUSPENDED FOR _____ MONTHS
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I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING, I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

DETAINEE SIGNATURE	DATE & TIME
HEARING OFFICER SIGNATURE	DATE & TIME

30 DIS

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b) (7)(E)

PART I. REPORT		Report No.
DETAINEE NAME: (b)(6)(b)(7)(C)	BOOKING NUMBER: (b)(6)(b)(7)(C)	DATE & TIME OF INCIDENT: 11/11/2022 09:45am
HOUSING UNIT: K-Ppd	DISCIPLINARY OFFENSE(S) CHARGED: Making a Verbal Statement Causing Fear / Unauthorized Physical Contact	PLACE OF INCIDENT: (b) (7)(E)

SUMMARY OF INCIDENT:
 At approximately 9:45am, on November 11th, 2022, Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) was observed on facility DVR approaching another Detainee in the dayroom and appeared to make physical contact with the other detainee's chest using an open hand. Both detainees were brought to the Shift Commander's Office regarding this incident. Information was obtained that Detainee (b)(6)(b)(7)(C) had made threatening statements to another detainee within the unit. Detainee (b)(6)(b)(7)(C) is being charged with Making a Verbal Statement Causing Fear (A-19) and Unauthorized Physical Contact (C-10). End of Report.

Use of Force Yes No Spontaneous Calculated

Physical Evidence					
Item # 1	Disposition	Item # 2	Disposition	Item # 3	Disposition

(b) (7)(C), (b) (6)

REPORT FILED DATE & TIME: 11/11/22 2:00PM

DATE SERVED: 11-11-2022

TIME SERVED: 2:00P

Detainee placed on Administrative Detention pending Disciplinary Hearing: Yes No

Current Housing Assignment: G-10

PART II. INFORMAL SANCTIONS

8 HOURS EXTRA DUTY 24 HOUR LOCKDOWN FROM: TO: 48 HOUR LOCKDOWN FROM: TO:

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature: Date: Supervisor Signature: Date:

PART III. DISCIPLINARY HEARING

DETAINEE HAS BEEN GIVEN WRITTEN 24 HOUR NOTICE OF HEARING BY: SIGNATURE: DATE & TIME:

DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE: DATE & TIME: (b) (7)(C), (b) (6) 11/14/22

HEARING OFFICER: (b) (7)(C), (b) (6) 1 PM

IS THE DETAINEE PRESENT FOR THE HEARING: YES NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: PRINT:

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: YES NO ON DATE/TIME: 11/14/22 1:00pm

STAFF ASSISTANCE REQUESTED: YES NO (b) (7)(C), (b) (6)

WITNESS REQUESTED: YES NO WITNESS NAME(S):

DETAINEE'S PLEA:

CHARGE #1: A-34 NOT GUILTY GUILTY GUILTY WITH EXPLANATION

CHARGE #2: C-10 NOT GUILTY GUILTY GUILTY WITH EXPLANATION

CHARGE #3: NOT GUILTY GUILTY GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: (b) (7)(C), (b) (6)

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY:
 Dt. stated it was a verbal altercation and nothing more.

HEARING OFFICER CONCLUSION: 30 DIS Based on DVR footage/multiple witnesses + statements from individuals in unit + (b) (7)(C), (b) (6) statement hereby find you guilty on (C-10) Find you guilty on (A-34) (b) (7)(C), (b) (6) made two conflicting statements claiming nothing happened, has no issues recanted statement and stated it was a verbal dis-agreement

CHARGE #1: A-34 NOT GUILTY GUILTY

CHARGE #2: C-10 NOT GUILTY GUILTY

CHARGE #3: NOT GUILTY GUILTY

20 DAYS DISCIPLINARY SEGREGATION

10 DAYS DISCIPLINARY SEGREGATION

0 DAYS SUSPENDED FOR 0 MONTHS

0 DAYS SUSPENDED FOR 0 MONTHS

0 DAYS SUSPENDED FOR 0 MONTHS

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED. (2 days)

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

DETAINEE SIGNATURE: (b) (7)(C), (b) (6)

HEARING OFFICER SIGNATURE: (b) (7)(C), (b) (6)

DATE & TIME: 11-14-22 1:00pm

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

SHIFT COMMANDER/SUPERVISOR INVESTIGATIVE NOTES

DETAINEE'S STATEMENT AND ATTITUDE: "NOTHING HAPPENED."

BASED ON THE SHIFT COMMANDER'S/SUPERVISOR'S REVIEW, THE FOLLOWING DETERMINATION HAS BEEN MADE:

THERE IS SUFFICIENT EVIDENCE TO SUPPORT FURTHER REVIEW BY THE DISCIPLINARY HEARING OFFICER FOR THE FOLLOWING CHARGE(S): 1) A-19 2) C-10 3)

THERE IS INSUFFICIENT EVIDENCE TO SUPPORT FURTHER REVIEW BY THE DISCIPLINARY HEARING OFFICER OF THE FOLLOWING CHARGE(S): 1) 2) 3)

DATE AND TIME INVESTIGATION COMPLETED: 11-11-2022 1:13 AM / PM

NAME OF INVESTIGATOR: (b) (7)(C), (b) (6) LW

SIGNATURE OF INVESTIGATOR: 

**DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT**

INCIDENT REPORT #

22-1560

Time of Incident:	9:45am	Date of Incident:	11/11/22	Place Incident Occurred:	K-POD
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Time of Report:	12:50pm	Date of Report:	11/11/22
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Detainee Name:	(b)(6)(b)(7)(C)	(SID: (b)(6)(b)(7)(C))	Housing Unit:	K-POD
Detainee Name:	(b)(6)(b)(7)(C)	(SID: (b)(6)(b)(7)(C))	Housing Unit:	K-Pod

Codes & Subject:	INFORMATIONAL
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FROM:	Officer (b)(6)(b)(7)(C)	DEPARTMENT:	Security
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On Friday, November 11th, 2022, I, Officer (b)(6)(b)(7)(C) was posted as the New Side Break Relief Officer, 135. between the hours of 7am and 3pm. At approximately 10:00am, I was posted in K-Pod conducting break relief. While sitting at the officer's station a detainee asked me a question and while attempting to answer his question, I start to hear multiple detainees call "CO" and "fight." I then approached the crowd of detainees in the day room and asked what was going on as I observed two detainees having a verbal altercation. Another detainee stated everything is fine. Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) was involved in the altercation stated Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) hit him and he's been after him for multiple days and wants something done. I then reported this to shift command. I had no further involvement in this incident. End of Report.

Reporting Staff Signature:	Officer (b)(6)(b)(7)(C) / 
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Supervisors Action Taken

Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) and Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) were both escorted to the Shift Commander's Office regarding this incident. Further information was obtained through interviews involving threats made by Detainee (b)(6)(b)(7)(C) to Detainee (b)(7)(C), (b)(6). Detainee (b)(6)(b)(7)(C) has been issued a Disciplinary Report for Making a Verbal Statement to Cause Fear (A-19) and Unauthorized Physical Contact with Another Detainee (C-10). Detainee (b)(7)(C), (b)(6) has been relocated to the Restrictive Housing Unit pending the outcome of his Disciplinary Hearing. Detainee (b)(7)(C), (b)(6) signed a General Population Waiver and was returned to K-Pod without restriction.

Supervisor's Signature:		Date: 11/11/2022
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Shift Commander's Review and Designation of Class and Type:	<input type="checkbox"/> Class 1	<input checked="" type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
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Type of Incident: I

INCIDENT REPORT #: _____

Appendix B

Comments/Action Taken:

11.11.22 (b) (7)(C), (b) (6) review and in agreement with the action taken

Date: *11.11.22*

Shift Commander Signature: _____

(b) (7)(C), (b) (6)

24hr review

(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)

Date: *11.12.2022*

Time: *2:35am*

Comments/Action Taken:

Upon further Review I ~~agree~~ agree with the actions taken

Approved

Denied

Shift Commander / or higher authority Signature: _____

(b) (7)(C), (b) (6)

Comments/Action Taken:

Class 3 incident - Wardens signature is not applicable.

Chief of Security Signature: _____

Comments/Action Taken: (Class 1 or Class 2 Incidents Class 3 if applicable)

Date: _____

Warden Signature: _____

cc: _____

DONALD W. WYATT DETENTION FACILITY
Investigation Report

INCIDENT REPORT #:

22-1560

Time of Incident:	9:45am	Date of Incident:	11/11/2022	Place Incident Occurred:	K-Pod
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Time of Report:	12:50pm	Date of Report:	11/11/2022		
Time Investigation Started:	10:15am	Date Investigation Started:	11/11/2022		

Detainee Name:	(b) (7)(C), (b) (6)	(SID: (b)(6)(b)(7)(C))	Housing Unit:	K-Pod
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Discipline Codes:	Discipline Charges:
A-34	Making a Verbal Statement to Cause Fear
C-10	Unauthorized Physical Contact with Another Detainee

Investigating Officer:	Sergeant Daniel Beauchemin	Department:	Security
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Summary:

On Friday, November 11th, 2022, Officer (b)(6)(b)(7)(C) was posted as the New Side Break Relief Officer, 135, between the hours of 7am and 3pm. At approximately 10:00am, while conducting the K-Pod break, she started to hear multiple detainees call "CO" and "fight." I then approached a crowd of detainees in the day room and asked what was going on as I observed two detainees having a verbal altercation. Another detainee stated everything is fine. Detainee (b) (7)(C), (b) (6) (SID: (b)(6)(b)(7)(C)) was involved in the altercation stated Detainee (b) (7)(C), (b) (6) (b)(7)(C), (b) (6) (SID: (b)(6)(b)(7)(C)) hit him and he's been after him for multiple days and wants something done. I then reported this to shift command. I had no further involvement in this incident. DVR footage was reviewed by Sergeant (b) (7)(C), (b) (6) . At timestamp 9:45:31 am, Detainee (b)(6)(b)(7)(C) is observed approaching Detainee (b) (7)(C), (b) (6), who was sitting at a table, and made physical contact with Detainee (b) (7)(C), (b) (6) chest using an open hand. Detainee (b) (7)(C), (b) (6) proceeds to stand up in a confrontational manner toward (b) (7)(C), (b) (6). Officer (b)(6)(b)(7)(C) intervenes at this time and the two detainees separate.

Photos secured? Yes No - How many:Video secured? Yes No Type (circle one):
DVR or Handheld

Description of contraband and/or weapon(s): N/A

Date/Time logged into evidence: N/A

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Detainee Statement #1	(b)(6)(b)(7)(C)	SID#	A206508482
Statement: Detainee (b)(6)(b)(7)(C) (SID: A206508482) stated "I was sitting in the dayroom when (b)(6)(b)(7)(C) came up to me and hit my chest. He's been bothering me and won't leave me alone. He's been a problem to me. He has been threatening to fight me and beat me up."			
Detainee Statement #2	(b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
Statement: Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C)) stated "Nothing happened. I don't have any problems with anyone here."			
Detainee Statement #3	N/A	SID#	N/A
Statement: N/A			
Staff Witness Statement #1	Officer (b)(6)(b)(7)(C)		
Statement: Officer (b)(6)(b)(7)(C) stated "I was at the officer station when some detainees got my attention about something happening. I didn't see what happened."			
Staff Witness Statement #2	N/A		
Statement: N/A			
Detainee Witness Statement #1	Detainee Hernandez-Hernandez, Israel	SID#	A099941464
Statement: Detainee (b) (7)(C), (b) (6) (SID: (b) (7)(C), (b) (6)) stated "I saw (b) (7)(C), (b) (6) walk up to (b) (7)(C), (b) (6) and hit his chest."			

Detainee Witness Statement #2	N/A	SID#	N/A
Statement: N/A			
Investigator Conclusion: I find that there is sufficient evidence to issue Detainee (b)(6)(b)(7)(C) (SID: (b)(6)(b)(7)(C) a Disciplinary Report for Making a Verbal Statement to Cause Fear (A-34) and Unauthorized Physical Contact with Another Detainee (C-14). Detainee (b)(6)(b)(7)(C) has been relocated to the Restrictive Housing Unit pending the outcome of his Disciplinary Hearing.			
Time Investigation Completed:	1:13pm	Date Investigation Completed:	11/11/2022
Investigating Officer Signature:	Sergeant (b) (7)(C), (b) (6) /		

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Med/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 6/28/2023

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input checked="" type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 28, 2023, (b)(6)(b)(7)(C) was removed from general population after reporting to officers that he was assaulted. Once removed from the unit (b)(6)(b)(7)(C) stated who assaulted him and that detainee was also removed. (b)(6)(b)(7)(C) cannot return to the unit currently due to enemy issues.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

ICE Review of Segregation Cases

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

PCCF does not have a protective custody housing unit for ICE detainees. ^{(b)(6)(b)(7)(C)} will remain in segregation for his safety pending a transfer to another facility.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

11/10/2018 – Subject admitted through Dulles as a B2 Visitor for Pleasure with authorization to remain until May 9, 2019.

9/20/2019 – Subject filed an Application for Asylum and for Withholding of Removal Form I-589 with USCIS. This application is pending.

1/13/2023 – Subject arrested by ICE at Natick District Court in Framingham, MA after being released on personal recognizance.

7/13/2023 - EOIR August 9, 2023.

ICE Review of Segregation Cases

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)
ARG-DATE: 12/21/22
PD: SOE COURT: SOMERVILLE DISTRICT
DKT#: (b) (7)(E)
OFF: A&B FAM/HSE MEM
STATUS: O
DISP: DF/DR PTCOR-A-2/1/23

ARRAIGNMENT: (0002)
ARG-DATE: 12/21/22
PD: SOE COURT: SOMERVILLE DISTRICT
DKT#: (b) (7)(E)
OFF: DEFACE PROPERTY
STATUS: O
DISP: DF/DR PTCOR-A- 2/1/23

ARRAIGNMENT: (0003)
ARG-DATE: 12/21/22
PD: SOE COURT: SOMERVILLE DISTRICT
DKT#: (b) (7)(E)
OFF: INTIMIDATION WITNESS
STATUS: O
DISP: DF/DR PTCOR-A- 2/1/23

ARRAIGNMENT: (0004)
ARG-DATE: 11/02/22
PD: EVE COURT: MALDEN DISTRICT
DKT#: (b) (7)(E)
OFF: USE WITHOUT AUTHORITY
STATUS: O
DISP: JT 1/18/23

ARRAIGNMENT: (0005)
ARG-DATE: 09/26/22
PD: EVE COURT: MALDEN DISTRICT
DKT#: (b) (7)(E)
OFF: A&B FAM/HSE MEM
STATUS: C
DISP: C 10/3/22 PTCOR-A JT 12/20/22 NG

ARRAIGNMENT: (0006)
ARG-DATE: 09/26/22
PD: EVE COURT: MALDEN DISTRICT
DKT#: (b) (7)(E)
OFF: A&B DANGEROUS WEAPON
STATUS: C
DISP: C 10/3/22 PTCOR-A JT 12/20/22 NG

ICE Review of Segregation Cases

ARRAIGNMENT: (0007)
ARG-DATE: 09/26/22
PD: EVE COURT: MALDEN DISTRICT
DKT#:(b) (7)(E)
OFF: A&B DANGEROUS WEAPON
STATUS: C
DISP: C 10/3/22 PTCOR-A JT 12/20/22 NG

ARRAIGNMENT: (0008)
ARG-DATE: 09/26/22
PD: EVE COURT: MALDEN DISTRICT
DKT#:(b) (7)(E)
OFF: INTIMIDATION WITNESS/JUROR/POLIC INTIM
STATUS: C
DISP: C 10/3/22 PTCOR-A JT 12/20/22 NG

ARRAIGNMENT: (0009)
ARG-DATE: 09/26/22
PD: EVE COURT: MALDEN DISTRICT
DKT#:(b) (7)(E)
OFF: LEAVING SCENE: PROPERTY DAMGE
STATUS: C
DISP: C 10/3/22 PTCOR-A JT 12/20/22 DISM

ARRAIGNMENT: (0010)
ARG-DATE: 10/30/20
PD: TAU COURT: TAUNTON DISTRICT
DKT#:(b) (7)(E)
OFF: MALICIOUS DAMAGE REAL PROP MOTOR VEHICLE
STATUS: O
DISP: DF 1/5/23 D/R PTCOR-A 2/1/23

ARRAIGNMENT: (0011)
ARG-DATE: 10/30/20
PD: TAU COURT: TAUNTON DISTRICT
DKT#:(b) (7)(E)
OFF: INTIMIDATION
STATUS: O
DISP: DF 1/5/23 D/R PTCOR-A 2/1/23

ARRAIGNMENT: (0012)
ARG-DATE: 10/30/20
PD: TAU COURT: TAUNTON DISTRICT
DKT#:(b) (7)(E)
OFF: THREATENING
STATUS: O
DISP: DF 1/5/23 D/R PTCOR-A 2/1/23

ICE Review of Segregation Cases

ARRAIGNMENT: (0013)
ARG-DATE: 08/26/19
PD: SAU COURT: LYNN DISTRICT
DKT#: (b) (7)(E)
OFF: VANDALIZE PROPERTY
STATUS: O
DISP: DF 12/22/22 D/R 1/19/23

ARRAIGNMENT: (0014)
ARG-DATE: 08/26/19
PD: SAU COURT: LYNN DISTRICT
DKT#: (b) (7)(E)
OFF: INTIMIDATION WITNESS/JUROR/POLIC INTIM
STATUS: O
DISP: DF 12/22/22 D/R 1/19/23

ARRAIGNMENT: (0015)
ARG-DATE: 08/26/19
PD: SAU COURT: LYNN DISTRICT
DKT#: (b) (7)(E)
OFF: ASSAULT DANGEROUS WEAPON SCISSORS
STATUS: O
DISP: DF 12/22/22 D/R 1/19/23

ARRAIGNMENT: (0016)
ARG-DATE: 08/26/19
PD: SAU COURT: LYNN DISTRICT
DKT#: (b) (7)(E)
OFF: ASSAULT AND BATTERY
STATUS: O
DISP: DF 12/22/22 D/R 1/19/23

ARRAIGNMENT: (0017)
ARG-DATE: 08/26/19
PD: NAT COURT: NATICK DISTRICT
DKT#: (b) (7)(E)
OFF: POSS CLASS B CONT SUB COCAINE
STATUS: W
DISP: C 10/15/19 DF

11. Reviewing Supervisor (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)
Assistant Field

12. Date: 7/14/2023

Special Management Unit

ICE Detainee Segregation Order

Name: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)
 Date Assigned to Unit: 6 / 28 / 2023 A-Number: (b)(6)(b)(7)(C)

Reason

Pending Classification /La Clasificación pendiente / Classificação pendente
 Awaiting Disciplinary Action /La Acción Disciplinaria esperando / Ação Disciplinar esperando
 Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___ Housing Assigned: _____

Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
 Yes No Date Classified: ___ / ___ / ___ Housing Assigned: _____

Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar
 Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Was the detainee moved to GSW? Yes No

If no housing assigned _____

Signature: _____ Date: ___ / ___ / ___
 Unit Supervisor

Comments

Awaiting ICE - keep sep issues in unit

Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial
 Date: ___ / ___ / ___ Time: _____
 Signature: _____ Date: ___ / ___ / ___
 Unit Supervisor



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 06/28/2023
Incident Date
Incident Time
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: Officer
Involvement: Aggressor

Housing Location: GNW / 212 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 18A - Fight/assault an inmate, 08 - Conduct which disrupts, 19A - Lang/act/gesture threatening inmate.

Otr Inmates Involved: (b)(6)(b)(7)(C) GNE / 113 / 1 Victim (b)(7)(E) (b)(6)(b)(7)(C)
Code Number of Rule(s) Violated Offense Type

Report Subject: Other

Statement of Offense:

On Wednesday 6/28/23 I, Officer (b)(6)(b)(7)(C) was assigned to Unit C3 for the 0700-1500 shift with Officer (b)(6)(b)(7)(C) At approximately 1420 Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) approached the officer station stating he had been assaulted. Officer (b)(6)(b)(7)(C) and myself directed Detainee (b)(6)(b)(7)(C) to remain at the officer station with us. When asked who had assaulted him he stated he was unable to tell us. I informed Lt. (b)(6)(b)(7)(C) by telephone that we had a detainee in the unit claiming to have been assaulted. Officer (b)(6)(b)(7)(C) and I instructed the unit to return to their assigned cells and lock in. Lt. (b)(6)(b)(7)(C) Officers (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) responded to the unit. While Lt. (b)(6)(b)(7)(C) was speaking with Detainee (b)(6)(b)(7)(C) we continued to lock the unit down. Officer (b)(6)(b)(7)(C) placed handcuffs on Detainee (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was removed from the unit by Lt. (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) packed Detainee (b)(6)(b)(7)(C) property. Detainee (b)(6)(b)(7)(C) was escorted to medical and then to Unit G. Lt. (b)(6)(b)(7)(C) later returned to the unit with Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) placed handcuffs on Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) Lt. (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) escorted Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) from the unit.

Reporting Officer: (b)(6)(b)(7)(C)
Signature

Shift Supervisor: (b)(6)(b)(7)(C)
Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



**Plymouth County Correctional Facility
Disciplinary Report**

Incident ID: (b)(7)(E)

Report Date **Incident Date** **Incident Time**

06/28/2023

Booking Number: (b)(6)(b)(7)(C) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)

Location: Officer

Involvement: Aggressor

Housing Location: GNW / 212 / 1

Reporting Officer: (b)(6)(b)(7)(C)

Signature

Date:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 07/30/2021

3. Date of Disciplinary Proceeding (If Applicable):

8/4/21; NG
8/11/21; G
8/13/21; G _____

4. Length of Disciplinary Sanction (If Applicable):

30 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On July 30, 2021, detainee was removed from general population and placed in restrictive housing for refusing a housing assignment. Hearing 8/4/21, not guilty.

On August 3, 2021, detainee received an additional disciplinary infraction for smoking an unknown substance while in restrictive housing. Hearing 8/11/21, guilty-10 days disciplinary detention.

On August 9, 2021, detainee received an additional disciplinary infraction for smoking an unknown substance while in restrictive housing. Hearing 8/13/21, guilty-20 days disciplinary detention.

On August 22, 2021, detainee was removed from segregation and housed in booking (dry cell) for suspicion of ingesting/possessing an unauthorized substance. Disciplinary ticket issued, hearing pending.

ICE Review of Segregation Cases

On August 23, 2021, detainee was observed on camera lighting and smoking an unknown substance. Detainee observed officers responding to his cell and concealed the contraband in his anus. Disciplinary ticket issued, hearing pending.

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Detainee is consciously smoking inside the facility regularly and will remain in segregation for the safety and security of the facility.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

April 13, 2014, (b) (7)(C), (b) (6) was encountered by Border Patrol in the Rio Grande Valley, Texas

ICE Review of Segregation Cases

after the subject unlawfully entered the United States from Mexico as an unaccompanied minor and subsequently served with an I-862 Notice to Appear.

April 25, 2014, (b) (7)(C), (b) (6) was released on an Order of Recognizance to his mother (b) (7)(C), (b) (6) (b) (7)(C), (b) (6) .

March 6, 2017, (b) (7)(C), (b) (6) removal proceedings were administratively closed in Newark, New Jersey due to a pending I-589 Application for Asylum.

September 25, 2017, (b) (7)(C), (b) (6) I-589 application was denied due to ineligibility.

January 11, 2019, (b) (7)(C), (b) (6) was arrested by ICE/ERO Newark after being released by the New Jersey Department of Corrections. (b) (7)(C), (b) (6) was transferred to the custody of ORR.

February 25, 2019, (b) (7)(C), (b) (6) was released from ORR custody and taken back into ICE custody.

June 13, 2019, (b) (7)(C), (b) (6) was released from custody on a \$7,000.00 USD bond.

January 6, 2020, (b) (7)(C), (b) (6) was arrested by ICE/ERO Newark subsequent a criminal arrest.

April 5, 2020, (b) (7)(C), (b) (6) was released from ICE custody due to ongoing COVID-19 concerns. (b) (7)(C), (b) (6) next EOIR hearing is June 3, 2020 in Newark, New Jersey.

April 17, 2020, Newark ERO CAP took the subject back into ERO custody subsequent to a criminal arrest.

April 20, 2020 Newark ERO released the subject OREC/ATD.

On or around May 4, 2020 Newark ERO terminated the subject from ATD due to non-compliance and he was subsequently targeted for proactive arrest by Newark FUGOPS.

August 19, 2020, Newark ERO placed an immigration detainer on the subject with the Passaic County Jail subsequent to a criminal arrest.

January 15, 2021, Newark ERO took custody of (b) (7)(C), (b) (6) while being released from the Passaic County Jail.

May 26, 2021, IJ issued written decision denying relief and ordering removal. Alien reserved appeal.

June 17, 2021, appeal filed.

August 27, 2021, BIA appeal still pending.

CRIMINAL HISTORY:

On June 14, 2017, (b) (7)(C), (b) (6) was arrested by the Passaic Police Department for the offense of Unlawful Possession of a Weapon in violation of N.J.S.A. 2C:39-5D. On August 8, 2017, (b) (7)(C), (b) (6) was convicted of this offense in the Passaic County Juvenile Family Court.

On June 01, 2018, (b) (7)(C), (b) (6) was arrested by the Passaic Police Department for the offense of Burglary in violation of N.J.S.A. 2C18-2A(1). On October 30, 2018, (b) (7)(C), (b) (6) was convicted as a

ICE Review of Segregation Cases

juvenile and sentenced to 12 months at the New Jersey Training School for Boys.

On July 19, 2019, (b) (7)(C), (b) (6) was arrested by the Paramus Police Department for the offense of Receiving Stolen Property in violation of N.J.S.A 2C:20-7A. This charge is currently pending.

On October 31 2019, (b) (7)(C), (b) (6) was arrested by the Wayne Police Department for the offense of Burglary in violation of N.J.S.A. 2C:18-2A(1), Receiving Stolen Property in violation of N.J.S.A. 2C:20-7A, Credit Card Theft in violation of N.J.S.A 2C:21-6C(1), Hindering in violation of N.J.S.A. 2C:29-3B(4), and Possession CDS Schedule I II III in violation of N.J.S.A. 2C:35-10A(1). These charges are currently pending.

On April 17, 2020, (b) (7)(C), (b) (6) was arrested by the Wayne Police Department for the offense of Burglary in violation of N.J.S.A. 2C:18-2A(1), Receiving Stolen Property in violation of N.J.S.A. 2C:20-7A, Credit Card Theft in violation of N.J.S.A 2C:21-6C(1). These charges are currently pending.

On August 19, 2020, the Passaic Police Department arrested the subject for the offense of Criminal Trespass, Obstruction, and Resisting Arrest/Eluding.

On December 14, 2020, in Passaic Municipal Court, the subject was convicted of Resisting Arrest/Eluding in relation to the above-named charge.

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 8/27/21

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 07/30/2021

3. Date of Disciplinary Proceeding (If Applicable):

8/4/21; NG
 8/11/21; G
 8/13/21; G _____

4. Length of Disciplinary Sanction (If Applicable):

30 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On July 30, 2021, detainee was removed from general population and placed in restrictive housing for refusing a housing assignment. Hearing 8/4/21, not guilty.

On August 3, 2021, detainee received an additional disciplinary infraction for smoking an unknown substance while in restrictive housing. Hearing 8/11/21, guilty-10 days disciplinary detention.

On August 9, 2021, detainee received an additional disciplinary infraction for smoking an unknown substance while in restrictive housing. Hearing 8/13/21, guilty-20 days disciplinary detention.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

N/A.

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Detainee is consciously smoking inside the facility regularly and will remain in segregation for the safety and security of the facility.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

On April 13, 2014, (b) (7)(C), (b) (6) was encountered by Border Patrol in the Rio Grande Valley, Texas after the subject unlawfully entered the United States from Mexico as an unaccompanied minor and subsequently served with an I-862 Notice to Appear.

On April 25, 2014, (b) (7)(C), (b) (6) was released on an Order of Recognizance to his mother (b) (7)(C), (b) (6) (b) (7)(C), (b) (6) .

ICE Review of Segregation Cases

On March 6, 2017, (b) (7)(C), (b) (6) removal proceedings were administratively closed in Newark, New Jersey due to a pending I-589 Application for Asylum.

On September 25, 2017, (b) (7)(C), (b) (6) I-589 application was denied due to ineligibility.

On January 11, 2019, (b) (7)(C), (b) (6) was arrested by ICE/ERO Newark after being released by the New Jersey Department of Corrections. (b) (7)(C), (b) (6) was transferred to the custody of ORR.

On February 25, 2019, (b) (7)(C), (b) (6) was released from ORR custody and taken back into ICE custody.

On June 13, 2019, (b) (7)(C), (b) (6) was released from custody on a \$7,000.00 USD bond.

On January 6, 2020, (b) (7)(C), (b) (6) was arrested by ICE/ERO Newark subsequent a criminal arrest.

On April 5, 2020, (b) (7)(C), (b) (6) was released from ICE custody due to ongoing COVID-19 concerns. (b) (7)(C), (b) (6) next EOIR hearing is June 3, 2020 in Newark, New Jersey.

On April 17, 2020, Newark ERO CAP took the subject back into ERO custody subsequent to a criminal arrest.

On April 20, 2020 Newark ERO released the subject OREC/ATD.

On or around May 4, 2020 Newark ERO terminated the subject from ATD due to non-compliance and he was subsequently targeted for proactive arrest by Newark FUGOPS.

On August 19, 2020, Newark ERO placed an immigration detainer on the subject with the Passaic County Jail subsequent to a criminal arrest.

On January 15, 2021, Newark ERO took custody of (b) (7)(C), (b) (6) while being released from the Passaic County Jail.

CRIMINAL HISTORY:

On June 14, 2017, (b) (7)(C), (b) (6) was arrested by the Passaic Police Department for the offense of Unlawful Possession of a Weapon in violation of N.J.S.A. 2C:39-5D. On August 8, 2017, (b) (7)(C), (b) (6) was convicted of this offense in the Passaic County Juvenile Family Court.

On June 01, 2018, (b) (7)(C), (b) (6) was arrested by the Passaic Police Department for the offense of Burglary in violation of N.J.S.A. 2C18-2A(1). On October 30, 2018, (b) (7)(C), (b) (6) was convicted as a juvenile and sentenced to 12 months at the New Jersey Training School for Boys.

On July 19, 2019, (b) (7)(C), (b) (6) was arrested by the Paramus Police Department for the offense of Receiving Stolen Property in violation of N.J.S.A 2C:20-7A. This charge is currently pending.

On October 31 2019, (b) (7)(C), (b) (6) was arrested by the Wayne Police Department for the offense of Burglary in violation of N.J.S.A. 2C:18-2A(1), Receiving Stolen Property in violation of N.J.S.A. 2C:20-7A, Credit Card Theft in violation of N.J.S.A 2C:21-6C(1), Hindering in violation of N.J.S.A. 2C:29-3B(4), and Possession CDS Schedule I II III in violation of N.J.S.A. 2C:35-10A(1). These charges are currently pending.

ICE Review of Segregation Cases

On April 17, 2020, (b) (7)(C), (b) (6) was arrested by the Wayne Police Department for the offense of Burglary in violation of N.J.S.A. 2C:18-2A(1), Receiving Stolen Property in violation of N.J.S.A. 2C:20-7A, Credit Card Theft in violation of N.J.S.A. 2C:21-6C(1). These charges are currently pending.

On August 19, 2020, the Passaic Police Department arrested the subject for the offense of Criminal Trespass, Obstruction, and Resisting Arrest/Eluding.

On December 14, 2020, in Passaic Municipal Court, the subject was convicted of Resisting Arrest/Eluding in relation to the above-named charge.

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 8/13/21

D

**Plymouth County Sheriff's Department
Plymouth County Correctional Facility**



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
 - a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C)

ID #: (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: **REFUSING A HOUSING ASSIGNMENT
CONDUCT WHICH DISRUPTS**

2) Medical Officer (b)(6)(b)(7)(C) was notified at 1600 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C)

Shift Commander: CAPTAIN (b)(6)(b)(7)(C) Signature: _____

Date: July 30, 2021 Time: 1600

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: _____ Time: _____ am / pm

Comments: _____

Superintendent or Designee: _____

9-21-95



Incident ID: (b)(7)(E)

Disciplinary Report

Report Date: 08/24/2021 Incident Date: 08/23/2021 Incident Time: 21:45

Location: GNE Officer Reporting Officer: (b)(6)(b)(7)(C)

Persons Involved:	Name	Housing Location	Involvement	Booking #	Inmate ID
	(b)(6)(b)(7)(C)	ANT BOOK / 102 / 1	Other	(b)(7)(E)	(b)(6)(b)(7)(C)
	Code Number of Rule(s) Violated	Offense Type			
	08 - Conduct which disrupts	Major			
	01A - Disobey an Order	Major			
	10B - Possession unauthorized substance	Major			

Report Subject: Unauthorized Substance

Statement of Offense:

On Monday, August 23, 2021, an incident occurred while assigned as the Unit G Lieutenant for the 15:00-23:00 shift which necessitated the submission of this report. At approximately 21:45 I received a phone call from I.P.S. Sgt. (b)(6)(b)(7)(C) who informed me that while monitoring ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) via the camera mounted inside cell NE110 where he was housed he observed the detainee light and smoke an unknown substance. (b)(6)(b)(7)(C) had just been cleared from "Dry cell" status in the booking department, which I had placed him on the previous night after witnessing him conceal an unknown substance inside his anus, and he had only been back in G for about two hours. Upon hearing this information I asked Sgt. (b)(6)(b)(7)(C) to continue monitoring the inmate while we entered the unit and removed him. As we approached (b)(6)(b)(7)(C) cell Sgt. (b)(6)(b)(7)(C) informed me via radio that (b)(6)(b)(7)(C) had again just concealed an unknown substance in his anus, so when I arrived at his door I ordered him to place his hands behind his back and through the trap to which he reluctantly complied. Once handcuffs were applied the door was opened and the detainee was escorted out of the unit and into a therapy pod on G Floor where he remained handcuffed and under constant observation. I then called Sgt. (b)(6)(b)(7)(C) and asked him what he witnessed and he informed me that when (b)(6)(b)(7)(C) saw us entering the unit he clearly picked up an unknown object and placed it down his pants and into his anus. At that time I approached the detainee, explained to him what was seen, and asked him if he would remove the object and hand it to me. (b)(6)(b)(7)(C) immediately became agitated and claimed that he "Didn't have anything on him" and that we were "Fucking with him". At that point it became apparent that the detainee was not going to comply so I informed him that he would be escorted to the booking department and placed on "Dry cell" status to effect the safe removal of whatever he had concealed within his body.

When we arrived in the booking department I instructed the officers to set the Safety Restraint Chair down outside of cell R102. (b)(6)(b)(7)(C) was then assisted out of the chair and escorted into the cell where his restraints were removed. At that time I ordered the detainee to slowly step off the bench, continue facing the back wall, and to remove his clothing. (b)(6)(b)(7)(C) reluctantly complied however when I ordered him to bend at the waist and spread his anus he refused. I repeated my order multiple times as I sensed the detainee becoming more and more nervous. (b)(6)(b)(7)(C)

continued to refuse, however he eventually stated "If you'll let me put my clothes back on I promise I'll take it out and give it to you" and I agreed. Once dressed and after further prompting the detainee reached down his pants into his anus, pulled out a small folded piece of yellow paper, and dropped it next to him on the bench. Officer (b)(6)(b)(7)(C) immediately picked this object up and handed it to me which was subsequently delivered to the I.P.S. Department for further analysis (See informational report). I then explained to the detainee that he would remain on dry cell status until such time that he fully complied with the strip search process, and such time that he was cleared by the I.P.S. Department. We then exited the cell and secured the door without further incident.

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
 Signature: (b)(6)(b)(7)(C) Sig: (b)(6)(b)(7)(C)

Disposition o



Incident ID: (b)(7)(E)

Disciplinary Report

Report Date 08/24/2021 Incident Date 08/23/2021 Incident Time 21:45

Location: GNE Officer

Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action X Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer:

Signature _____ Date (b)(6)(b)(7)(C)
Reviewing Authority (print name): _____

Signature _____ Date _____

8/26/21



Incident ID: (b)(7)(E)

Informational Report

Report Date **Incident Date** **Incident Time** **Incident Location**
08/24/2021 08/23/2021 21:45 GNE Officer

Report Subject: Unauthorized Substance **Reporting Officer:** (b)(6)(b)(7)(C)

Inmates Involved:	<u>Name</u>	<u>Housing Location</u>	<u>Booking Number</u>
	(b)(6)(b)(7)(C)	ANTHON\BOOK / 102 / 1	(b)(7)(E)



Incident ID: (b)(7)(E)

Disciplinary Report

Report Date 08/09/2021 Incident Date 08/09/2021 Incident Time 17:55

Location: GNE Officer

Reporting Officer: (b)(6)(b)(7)(C)

<u>Name</u>	<u>Housing Location</u>	<u>Involvement</u>	<u>Booking #</u>	<u>Inmate ID</u>
(b)(6)(b)(7)(C)	ANT GNE / 110 / 1		(b)(7)(E)	(b)(6)(b)(7)(C)
<u>Code Number of Rule(s) Violated</u>	<u>Offense Type</u>			
10D - Use of any unauthorized substance	Major			
21 - Setting a fire	Major			
02 - Violating any rule or regulation	Major			
08 - Conduct which disrupts	Major			

Report Subject: Inmate Misconduct

Statement of Offense:

Sir / Ma'am,

On August 9, 2021 while conducting a security round in GNE at 1755 I smelt a strong odor of smoke coming from NE110 and also witnessed I.C.E Boston Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) smoking an unknown substance probably "K2" synthetic marijuana. Once I finished my round I notified G-Control Officer Rudenauer of the situation and Officer (b)(6)(b)(7)(C). The unit was locked down at this time so we entered to conduct a cell search and take the property being used improperly.

We entered GNE and placed handcuffs on Detainee (b)(6)(b)(7)(C) without issues and escorted him out to G-Floor for a search and took all of his property that was in the cell. Once the cell was cleared we escorted the Detainee back and secured him in the NE110. A search of his property was conducted on G-Floor and all contraband items were disposed of. With the ongoing smoking problem in GNE Detainee (b)(6)(b)(7)(C) already knew the consequence for smoking in his cell and knew his property would be withheld for a period of time to attempt to correct his behavior.

Reporting Officer: (b)(6)(b)(7)(C) _____ Shift Supervisor (b)(6)(b)(7)(C) _____
Signature (b)(6)(b)(7)(C) _____ Signature _____

Disposition of Ev

Action Taken (Including Use of Force):

Awaiting Action X Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer:

Signature _____ Date _____
Reviewing Authority (print name): _____

Signature _____ Date _____

Special Management Unit

ICE Detainee Segregation Order

Date: 3/10/22
Name: **(b)(6)(b)(7)(C)**

(b)(6)(b)(7)(C)

ID#:

A-Number

Date Assigned to Unit: 3/14/22

Housing Assignment: 5NW 211

Reason:

Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classifido para Alojamento Permanente

Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando

Pending Classification / La Clasificación pendiente / Classificação pendente

Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments: Fight in C3

Signature: **(b)(6)(b)(7)(C)** ate: 3/10/22

The detainee has refused to sign for his copy of the Segregation Order.

Signature: _____ Date: _____

Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: **(b)(6)(b)(7)(C)** _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Special Management Unit

ICE Detainee Segregation Order

(b)(6)(b)(7)(C)

Date: 4-9-2020 ID#:

Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: GNE

Housing Assignment: GNE 111

- Reason: Classified for Permanent Housing / Clasificado para el Albergue Permanente / Clasificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente

Comments: _____

Signature: (b)(6)(b)(7)(C) Date: 4-8-20
Unit Supervisor

The detainee has refused to sign for his copy of the Segregation Order
Signature: _____ Date: _____
Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: (b)(6)(b)(7)(C)

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

Special Management Unit
ICE Detainee Segregation Order

Date: 05-02-2020 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number: _____

Date Assigned to Unit: 05-02-2020

Housing Assignment: CNE 110

- Reason: Classified for Permanent Housing / Clasifido para el Albergue Permanente / Clasifido para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification /La Clasificación pendiente / Classificação pendente

Comments: DISCIPLINARY DETENTION COMPLETED
PENDING REVIEW FOR SUITABLE
HOUSING

Signature: (b)(6)(b)(7)(C) Date: 05-02-2020

The del... egation Order
Signature: _____ Date: 0502-2020

Inmate Detainee's Signature of Receipt: REFUSE TO SIGN

COPY PROVIDED

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	3	BOS	Wyatt

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/07/2020

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input checked="" type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input checked="" type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: On May 7, 2020, Detainee^{(b)(6)(b)(7)(C)} was removed from general population and housed in the Restrictive Housing Unit pending a review for protective custody. During lunch, Detainee^{(b)(6)(b)(7)(C)} was observed taking a significant amount of ice that is provided to the detainees during lunch. Other detainees in the unit became agitated with Detainee^{(b)(6)(b)(7)(C)} which prompted a several verbal arguments between Detainee^{(b)(6)(b)(7)(C)} and other detainees in the housing unit. A review of the incident determined that if Detainee^{(b)(6)(b)(7)(C)} remained housed in the unit, his safety may be jeopardized. As a result of this review, he will remain housed in the RHU pending a review for Protective Custody. On 05/14/2020, Detainee^{(b)(6)(b)(7)(C)} first Protective Custody review was conducted. Detainee^{(b)(6)(b)(7)(C)} remained in (RHU) Restrictive Housing Unit pending his next review. On 05/20/2020, Detainee^{(b)(6)(b)(7)(C)} second Protective Custody Review was conducted. Detainee^{(b)(6)(b)(7)(C)} remained in(RHU) Restrictive Housing Unit on Protective Custody.

ICE Review of Segregation Cases

6. Did the detainee request segregation?

YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:
Subject is not a F/O. He has an appeal pending. He also has a 48 hour notice.

(b)(6)(b)(7)(C)

13. Reviewing Supervisory (

14. Date: 5-26-20

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING REVIEW FORM

Detainee's Name: (b)(6)(b)(7)(C)		Last	First	SID#
----------------------------------	--	------	-------	------

Date and Time Entered	4-24-2020 18:01	Date and Time of Review	4-30-2020 11:00 AM
Restrictive Housing	Date	Time	Date

Type of Review			
<input checked="" type="checkbox"/> 7-Day Review	<input type="checkbox"/> Thirty Day Continuous Confinement Review	<input type="checkbox"/> Preventative Segregation Phase I Review	<input type="checkbox"/> Preventative Segregation Phase II Review
<input type="checkbox"/> Preventative Segregation Phase III Review	<input type="checkbox"/> Preventative Segregation (#)-day Review	<input checked="" type="checkbox"/> Protective Custody Review	

Detainee's Status		
<input checked="" type="checkbox"/> Administrative Detention	<input type="checkbox"/> Preventative Segregation	<input type="checkbox"/> Transitional Segregation
<input type="checkbox"/> Investigative Segregation	<input type="checkbox"/> Disciplinary Segregation	<input checked="" type="checkbox"/> Protective Custody

Disciplinary Violation(s) (If applicable): (b)(6)(b)(7)(C)

Comments: *Detainee (b)(6)(b)(7)(C) was placed in restrictive housing from 11:00 AM on protective custody due to detainee being fearful.*

Recommendations: *Detainee to remain on PC status pending further review.*

Plan to returning the detainee to less restrictive housing: *Review of detainee status @ next restrictive housing meeting.*

ICE DETAINEES ONLY (Disciplinary Segregation)	
Was the detainee interviewed prior to this review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the detainee receiving showers, meals, recreation and other basic necessities as required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the original sanction been reduced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the detainee received a copy of this review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, has the detainee been informed orally of the review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why was the review not provided in writing: _____	
Was the review decision communicated in a language or matter that the detainee could understand:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will the plan be shared with the detainee? Yes No

If no explain?

Detainee Comments:

Detainee advised he would be returned to J-1 per the Dept. of Health recommendations due to COVID-19 restrictions - Detainee refused.

Name of staff member completing review (b)(6)(b)(7)(C)

Staff Member	Signature	Release from Restrictive Housing	Release from Residential Housing	Date
Unit Warden	(b)(6)(b)(7)(C)	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	(b)(6)(b)(7)(C)			
Unit Manager	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:				
Unit Manager	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:				
Unit Manager	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:	Hold until Mon 5/4			
Classification Manager or Designee	(b)(6)(b)(7)(C)	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	(b)(6)(b)(7)(C)			
Health Services	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:				
Mental Health Staff	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:				
Chief of Security	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:				
Warden (Not Required)	(b)(6)(b)(7)(C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/30/20
Comments:				

- The Warden or designee must approve all releases from Restrictive Housing.

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING REVIEW FORM

(b)(6)(b)(7)(C)

Detainee's Name	(b)(6)(b)(7)(C)	ICASE	ICIS	SUD#
-----------------	-----------------	-------	------	------

Date and Time Entered	4-24-2020 18:01	Date and Time of Review	5/6/20	1100am
Restrictive Housing	Date	Time	Date	Time

Type of Review			
<input checked="" type="checkbox"/> 7-Day Review	<input type="checkbox"/> Thirty Day Continuous Confinement Review	<input type="checkbox"/> Preventative Segregation Phase I Review	<input type="checkbox"/> Preventative Segregation Phase II Review
<input type="checkbox"/> Preventative Segregation Phase III Review	<input type="checkbox"/> Preventative Segregation (#)-day Review	<input type="checkbox"/> Protective Custody Review	

Detainee's Status		
<input checked="" type="checkbox"/> Administrative Detention	<input type="checkbox"/> Preventative Segregation	<input type="checkbox"/> Transitional Segregation
<input type="checkbox"/> Investigative Segregation	<input type="checkbox"/> Disciplinary Segregation	<input checked="" type="checkbox"/> Protective Custody

Disciplinary Violation(s) (If applicable), (b)(6)(b)(7)(C)

Comments: ice (C) (ma) detainee was placed in restrictive housing upon PC status due to detainee being fearful. (b)(6)(b)(7)(C) H wants to go to NOT JI Immigration

Recommendations:

Detainee to remain on PC status pending further review

Plan to returning the detainee to less restrictive housing:

Review status at next restrictive housing meeting, unless a sooner development occurs

ICE DETAINEES ONLY (Disciplinary Segregation)	
Was the detainee interviewed prior to this review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the detainee receiving showers, meals, recreation and other basic necessities as required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the original sanction been reduced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the detainee received a copy of this review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, has the detainee been informed orally of the review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why was the review not provided in writing: _____	
Was the review decision communicated in a language or matter that the detainee could understand:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will the plan be shared with the detainee? Yes No

If no explain?

Detainee Comments:

Detainee expressed concerns of exposure to COVID-19 and stated he refused to return to unit.

(b)(6)(b)(7)(C)

Name of staff member completing review form

Staff Member	Signature	Remain in Restrictive Housing	Release from Restrictive Housing	Date
Unit		<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	(b)(6)(b)(7)(C)			
Detainee		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/2020
Comments:				
Unit		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/20
Comments:				
Unit		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/2020
Comments:				
Classification Manager		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/2020
Comments:				
Unit		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/20
Comments:				
Mental Health		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/20
Comments:				
Chief of Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/20
Comments:				
Warden (Not Required)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/6/20
Comments:				

- The Warden or designee must approve all releases from Restrictive Housing.

Superintendent
(b)(6)(b)(7)(C)
Administrative Captain
(b)(6)(b)(7)(C)
Security Captain
(b)(6)(b)(7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742-(b)(6)(b)(7)(C)
Fax: (603) 742-2192
e-mail: (b)(6)(b)(7)(C)co.strafford.nh.us



Special Housing Status Review

On **31Jul2020**, I, **Classifications Officer** (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of ICE Detainee (b)(6)(b)(7)(C) Permanent # (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status Medical Segregation **Disciplinary Segregation**

Date Inmate/Detainee was placed in this status: **07/18/2020**

Inmate/Detainee has been in this Segregation status for days (24 Hrs/72 Hrs/7 Days/**Weekly**/30 Days/60 Days/More)

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to him/herself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Translation into the Spanish or other language provided by: **N/A**

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Signature _____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. Signature _____

Comments: **Inmate** (b)(6)(b)(7)(C) **was removed from the unit and placed into Maximum Security. He is due for re-class to gen pop on 8/7/20.**

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: **(b)(6)(b)(7)(C)** Date/Time: **7/31/20 @ 1:30**

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	High	BOS	Stafford County HOC

1. Type of Notification:

- 14-Day*
 - 30-Day
 - Other 30-Day Interval:
- **Serving Seg time****

2. Initial Date of Placement: ___10/23/2020___

3. Date of Disciplinary Proceeding (If Applicable):
_____10/23/2020

4. Length of Disciplinary Sanction (If Applicable):

15 days lockup with 5 suspended

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

On 10/12/2020 @ Approx. 2115 hours, Officer noticed a strong order emitting from the rec yard area, when asked what the burning smell was detainee stated nothing. Officer had then conducted a pat search where no minor or major contraband was found on person. Officer then conducted a search of a sudoku booklet that detainee was holding at which time the officer noticed a rolled-up joint. Subject was removed from the unit and placed in SEG.

6. Did the detainee request segregation?

- YES NO

Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. Additional Comment: Detainee was given 15 days lockup with 5 suspended for 90 days

11. Describe the detainee's immigration history and prior criminal history, if applicable:

Duplicate), at **Duplicate** on 11/4/2019. **Duplicate** is a native and citizen of Cape Verde

IMMIGRATION HISTORY:

12/15/1994: Admitted to the US as a permanent resident (F25), who subject to a final order of removal

Detainee, **Duplicate**, has a criminal history consisting of the following charges;
POSS TO DISTRIBUTE CLASS D, MALICIOUS DESTRUCTION OF PROPERTY, B&E DT W/I COM FEL, POSS TO DISTRIBUTE CLASS B SUBSQ OFF

12. Reviewing Supervisory Officer: _____

13. Date: _____

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

**Plymouth County Sheriff's Department
Plymouth County Correctional Facility**



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C)

ID #: (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments:

**MISSUSE OF MEDICATION
CONDUCT WHICH DISRUPTS**

2) Medical Officer (b)(6)(b)(7)(C) was notified at 1900 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

There are existing medical issues requiring address, listed as follows:

Comments:

Shift Commander: (b)(6)(b)(7)(C)

Signature: _____

Date: 8/4/2023

Time: 1900

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 8/7/23 **Time:** 0630 am / pm

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee: _____

Initial Segregation Assessment

(b)(6)(b)(7)(C)

Inmate ID:	(b)(6)(b)(7)(C)	Location:	Zone 3 : C3 : 332 : 1
SSN:	-	Race:	Hispanic
DOB:	(b)(6)(b)(7)(C)	Interviewer:	LPN (b)(6)(b)(7)(C)
Age:	39		
Height:	-		
Weight:	-		
Agency:	ICE		

Location of segregation:		Unit G	
Notified by:		Shift Commander	
Date:		08/04/2023	
Time:		1907	
1.	A Review of the Inmate's Medical Record was performed:	<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain;	
2.	Does the Inmate have any existing Medical, Mental Health, Dental conditions which could contradict placement in Special Management Units?	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, explain	
2a.	If Yes, refer to;	<input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Dental Provider	
3.	Does the Inmate take prescribed medication? If yes move medication to G cart.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
4.	Does the Inmate take psychotropic medication?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5.	Special diet:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
6.	Was the Inmate involved in an altercation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
6a.	If Yes, was the Inmate injured? Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
7.	Was medical treatment rendered? If no, Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8.	Is follow up care required? If yes, Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8a.	If yes, refer to:	<input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental health Provider <input type="checkbox"/> Dental Provider	
9.	Vital Signs:	Blood Pressure sys dia Pulse beats per min Respirations broaths per min Temperature °F Weight lbs Height --- - - - SPO2 %	refused



DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps



CLINICAL SEGREGATION DATA CHECKLIST

DETAINEE'S NAME: (b)(6)(b)(7)(C) ALIEN NUMBER: (b)(6)(b)(7)(C)

FACILITY: Plymouth County Correctional DATE: 8/5/23

Does the detainee have a Mental Health (MH) DSM-5 diagnosis? Yes
If yes, please explain:
Major depressive disorder, Recurrent, moderate

Does the detainee present with any active symptoms? Choose One
If yes, please explain:
Detainee is expressing mild depressive symptoms d/t current situation

Is the detainee receiving MH treatment?
 Psychotropic medications
 Other mental health meds
 Talk therapy (Talk therapy is an alternate name for the various forms of psychotherapy that emphasize the importance of the client or patient speaking to the therapist as the main means of expressing and resolving issues)
 Case Management (an on-going collaborative information-gathering and decision making process of assessment, planning, facilitation and advocacy for options and services to meet a client or patient's health needs through communication and available resources to promote quality outcomes)
 Other, Please Explain:

Is the detainee compliant with his/her treatment? Yes
If the detainee is not compliant with psychotropic medications, has ICE attempted to obtain a court order for involuntary treatment in the last 3 months? Choose One
If no, please explain; if yes, results?

Is the detainee currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the detainee or the safety/security of the facility? No
If yes, please explain:

Would the detainee benefit from a higher level of care?
 Acute MH hospital
 Chronic MH hospital
 Chronic Therapeutic MH facility
 Krome Transitional Unit
 Detainee can be stabilized within the facility
 Current facility has the resources to meet detainee's MH needs
 Detainee cannot be moved from his/her currently facility due to legal/immigration issues
Please describe:

Is the detainee frequently followed up by medical personnel (other than MH)? Choose One
If yes, state frequency:

Is the detainee frequently followed up by MH personnel? Detainee Request support as needed and is seen every 90 days by prescriber and every 30 days/pen by
If yes, state frequency:

Has there been deterioration on the detainee's condition while in segregation? No Choose One
If yes, please explain: mental health

Is the detainee involved in activities while he/she is in segregation? Choose One
 Recreation (outside the cell)
 Books or reading material
 Television
 Therapeutic/educational groups
Detainee has been provided with spanish books & will be seen daily during clinical rounds
Please describe:

Signature: (b)(6)(b)(7)(C) Date: 8/5/23



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 08/04/2023 Incident Date 08/04/2023 Incident Time 18:30
Booking Number: (b)(7)(E) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Participant

Housing Location: GNE / 113 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 08 - Conduct which disrupts and 11A - Misuse/accumulation of medication.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,
On August 4, 2023, and incident involving ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) occurred resulting in his removal from the C3.
While conducting the monthly search of C3, I came across a small hidden homemade cardboard shoe with a white capsule inside of it in cell 332. The white capsule was secured and handed to Lt. (b)(6)(b)(7)(C)
Lt. (b)(6)(b)(7)(C) called medical and then notified me that medical informed him that the white capsule was a psych medication that is meant to be taken at a specific time each day.
(b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was then compliantly removed from the unit after the search was completed for the misuse of medication (hoarding) / conduct which disrupts.

Respectfully Submitted,
Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



**Plymouth County Correctional Facility
Disciplinary Report**

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
08/04/2023	08/04/2023	18:30
Booking Number: (b)(7)(E)	Inmate ID: (b)(6)(b)(7)(C)	

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Participant

Housing Location: GNE / 113 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature

Date:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
206066880	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 8/04/2023

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On August 4, 2023, while conducting a routine search of the general population housing unit, officers discovered a white pill hidden in (b)(6)(b)(7)(C) belongings. Medical was notified and determined it was (b)(6)(b)(7)(C) psychiatric medication that is meant to be taken at a specific time each day. (b)(6)(b)(7)(C) was removed from the unit for conduct which disrupts and misuse/accumulation of medication.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is diagnosed with major depressive disorder and is currently prescribed medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This writer (b)(6)(b)(7)(C) LICSW, met with detainee (b)(6)(b)(7)(C)) on 8/5/23. Spanish interpreters # (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were utilized during this session. Detainee was able to maintain his behavioral control during this assessment, maintained good eye contact, was appropriately groomed and Ox3. Detainee reported that he has been experiencing nightmares which are disrupting his sleep and reported no problems with his appetite. Detainee denied having any thoughts, intent, or plans of self-harm or harm to others. Detainee's thought process was organized with speech having appropriate rate, tone, volume. There was no evidence of hypomania, mania, or psychosis observed or reported at this time. Detainee was purposeful in his behavior and his mental health disorder did not have any impact on his behavior.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

9/23/2013 – Subject filed petition for U nonimmigrant status, Form 918.

6/2/2017 – USCIS denied subjects petition for U nonimmigrant status, Form 918.

ICE Review of Segregation Cases

5/23/2022 – ERO Boston arrested subject subsequent from his release for Chelsea District Court. Subject was served a Notice to Appear, Form I-862.

11/01/2022 – Subject ordered excluded/deported/removed.

11/23/2022 – Subject filed an appeal with the BIA.

4/26/2023 – BIA remanded case back to EOIR.

5/30/2023 – Subject ordered excluded/deported/removed.

6/29/2023 – Subject filed an appeal with the BIA.

8/7/2023 – BIA appeal still pending.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 11/09/21

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: TRESPASSING

STATUS: C

DISP: WAR 11/23/21 WAR W/D NP

ARRAIGNMENT: (0002)

ARG-DATE: 08/12/21

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: LARCENY FROM A PERSON

STATUS: C

DISP: PTCOR-A 9/8/21 8/20/21 WAR 8/20/21 WAR W/D 1/26/22 NP

ARRAIGNMENT: (0003)

ARG-DATE: 03/18/16

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: A&B FAM/HSE MEM

STATUS: C

DISP: C 6/22/16 G PROB 6/22/18 VN 3/1/17 VOP PROB 6/22/18 VN 7/6/17 VOP PROB
REVOKE 1YR CMTD

ARRAIGNMENT: (0004)

ARG-DATE: 03/18/16

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: LARCENY MORE \$250

STATUS: C

ICE Review of Segregation Cases

DISP: C 6/22/16 G PROB 6/22/18 VN 3/1/17 VOP PROB 6/22/18 VN 7/6/17 VOP PROB
REVOKE 1YR CMTD

ARRAIGNMENT: (0005)

ARG-DATE: 11/23/15

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: ASSAULT AND BATTERY

STATUS: C

DISP: C 1/8/16 DF 1/19/16 D/R 6/22/16 G PROB 6/22/18 VN 3/1/17 VOP PROB
6/22/18 VN 7/6/17 VOP PROB REVOKE 1YR CMTD

ARRAIGNMENT: (0006)

ARG-DATE: 11/23/15

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: ABUSE PREVENTION ACT

STATUS: C

DISP: C 1/8/16 DF 1/19/16 D/R 6/22/16 G PROB 6/22/18 VN 3/1/17 VOP PROB
6/22/18 VN 7/6/17 VOP PROB REVOKE 1YR CMTD

ARRAIGNMENT: (0007)

ARG-DATE: 06/22/15

PD: CHL COURT: CHELSEA DISTRICT

DKT#: (b) (7)(E)

OFF: A&B FAM/HSE MEM

STATUS: C

DISP: C 5/3/16 JT 6/22/16 G PROB 6/22/18 VN 3/1/17 VOP PROB 6/22/18 VN 7/6/17
VOP PROB REVOKE 1YR CMTD

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

12. Date:

8/7/2023

Superintendent
(b)(6)(b)(7)(C)
Administrative Captain
(b)(6)(b)(7)(C)
Security Captain
(b)(6)(b)(7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742- (b)(6)(b)(7)(C)
Fax: (603) 742- (b)(6)(b)(7)(C)
e-mail: (b)(6)(b)(7)(C):o.strafford.nh.us



Special Housing Status Review

On 24Jul2020, I, Classifications Officer (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of ICE Detainee (b)(6)(b)(7)(C) Permanent (b)(6)(b)(7)(C) who is presently in:
Protective Custody Status [] Medical Segregation [] **Disciplinary Segregation [X]**

Date Inmate/Detainee was placed in this status: 07/18/2020

Inmate/Detainee has been in this Segregation status for days (24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	[X]	[]
2. Does the detainee pose a threat to him/herself?	[]	[X]
3. Does the detainee pose a threat to others?	[X]	[]
4. Does the detainee pose a threat to property?	[]	[X]
5. Does the detainee pose a threat to security?	[X]	[]
6. Is the detainee defiant towards authority?	[]	[X]
7. Is the detainee unwilling or unable to live in the general population?	[]	[X]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[]	[X]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[]
4. Is the detainee receiving daily visits from medical staff?	[X]	[]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[]

Translation into the Spanish or other language provided by: N/A

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [] Signature _____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [] Signature _____

Comments: Inmate (b)(6)(b)(7)(C) was removed from the unit and placed into Maximum Security while he awaits his D-Board for fighting with another inmate.

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: (b)(6)(b)(7)(C) Date/Time: 7/24/20 @ 0640



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 09/07/2020 Incident Date 09/07/2020 Incident Time 09:25
Booking Number: (b)(7)(E) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: DN3 Officer
Involvement: Participant

Housing Location: GNE / 215 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 08 - Conduct which disrupts and 18A - Fight/assault/threaten an inmate.

Table with 4 columns: Otr Inmates Involved, Code Number of Rule(s) Violated, Offense Type, and other details. Includes (b)(6)(b)(7)(C) and GNE / 110 / 1.

Report Subject: Fight / Assault Inmate

Statement of Offense:

On Monday 7 September 2020, I Officer (b)(6)(b)(7)(C) was assigned to unit DN-3 for the 0700-1500 hours shift when an incident occurred that resulted in the removal of two detainees. At approximately 0925 hours, I was at the officers panel when I got a call from cell 401 via intercom. I heard an occupant of the cell screaming for help. I immediately informed the zone three Lt. (b)(6)(b)(7)(C) of the situation. I then made my way up to cell 401 and observed ICE Detainees (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) breathing heavily and appearing agitated. I also noticed they both had red marks and scratches on their faces and bodies. I ordered them to stay separated. At this time Lt. (b)(6)(b)(7)(C) and CERT Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were approaching the cell. Both inmates were removed from the unit without any further incidents. CERT Officers packed both detainees property and sent it to unit G.

Reporting Officer: (b)(6)(b)(7)(C) Signature
Shift Supervisor: (b)(6)(b)(7)(C) Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Referred to D.A. Minor Sanction Investigation Major Violation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



**Plymouth County Correctional Facility
Disciplinary Report**

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
09/07/2020	09/07/2020	09:25
Booking Number: (b)(7)(E)	Inmate ID: (b)(6)(b)(7)(C)	

Inmate Name: (b)(6)(b)(7)(C)
Location: DN3 Officer
Involvement: Participant

Housing Location: GNE / 215 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature

Date:

Special Management Unit
ICE Detainee Segregation Order

Date: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)
Name: (b)(6)(b)(7)(C) A-Number:

Date Assigned to Unit: 9-07-2020

Housing Assignment: GNE 215

- Reason: Classified for Permanent Housing / Clasificado para el Albergue Permanente / Clasificado para Alojamento Permanente
 Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 Pending Classification / La Clasificación pendiente / Classificação pendente

Comments: _____

Signature: (b)(6)(b)(7)(C) Date: 09-07-2020

The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 9/07/2020
Staff Witness of Refusal

Inmate Detainee's Signature of Receipt: _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
 D. Board Review not done- Investigation pending.

4. Length of Disciplinary Sanction (If Applicable):
 30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary
<input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e: Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer:

13. Date: 5/30/2020



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE
BRISTOL COUNTY SHERIFF

THOMAS M. HODGSON
SHERIFF

400 FAUNCE CORNER ROAD
NORTH DARTMOUTH, MA
02747

TEL. (508) 995-(b)(6)(b)(7)(C)
FAX. (508) 995-(b)(6)(b)(7)(C)

=====
Cover Letter-72 hour Placement Notice
=====

DETAINEE: (b)(6)(b)(7)(C)
FROM: Major (b)(6)(b)(7)(C)
SUBJECT: Detainee (b)(6)(b)(7)(C)
DATE: 06/01/20
TIME: 1400

On May 7, 2020 Detainee (b)(6)(b)(7)(C) was placed on ASO status pending investigation by SUI.

The Original Placement Order form was placed in file Detainee's file before the Detainee was given a copy.

Detainee is receiving a copy as of today, Monday, June 1, 2020.

Major (b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units
508-995-(b)(6)(b)(7)(C)
Ext. (b)(6)(b)(7)(C)
Cell 508-922-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C) bcsq-ma.org



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID# (b)(6)(b)(7)(C)

From: Special Investigations Unit

Date: 5/7/2020

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the investigation or the hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts,...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

Pending SIU Investigation

+++++

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signed: (b)(6)(b)(7)(C)

Title: Sergeant

A copy of this notice has been served on the above named inmate.

Staff signature: (b)(6)(b)(7)(C)

Date: 5/7/20 Time: 1:50

To: (b)(6)(b)(7)(C)

From: _____

Title: COT / SIU

Detainee: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do[] do not [] request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

ICE B DISTURBANCE 5/1/00
PENDING MEDICAL SCREENING ON SMBC ASU ACTIVATION SMBC

Medical Officer: _____

Admitted by: _____

Title: _____

Admitted: (Date): _____

Time: _____

Released by: _____

Title: _____

Released: (Date): _____

Time: _____

BRISTOL COUNTY SHERIFFS OFFICE
Thomas M. Hodgson, Sheriff



Our Mission
We are an organization of public safety
Professionals committed to serve and
Protect the people of Bristol County

RESTRICTIVE HOUSING TRANSFER ORDER

INMATES NAME: (b)(6)(b)(7)(C)

CIN: (b)(6)(b)(7)(C)

TIME AND DATE OF TRANSFER: 1418 05/13/2020

ORIGINAL UNIT & CELL NUMBER: 2 East Unit – Cell #254

NEW UNIT & CELL NUMBER: EC Unit – M8

WAS THE USE OF FORCE NECESSARY? (Circle) Yes No

AUTHORIZED BY: Captain (b)(6)(b)(7)(C)

TIME & DATE: 1418 05/13/2020

REVIEWED BY: (b)(6)(b)(7)(C)

TIME & DATE: 1017 5/14/20

CHECK OFF ON _____

- **INCIDENT REPORTS**
- **MEDICAL REPORTS**
- **D-REPORTS**

COMMENTS:

Inmate (b)(6)(b)(7)(C) **was ASO to EC pending investigation**

Nurse check by Nurse (b)(6)(b)(7)(C) **@ 1427**

Inmate (b)(6)(b)(7)(C) **did not take any property to EC unit.**

Administrative Segregation Review

On 06/03/2020 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C)
Date (b)(6)(b)(7)(C) (Officer)

conducted a formal review of the Special housing status (b)(6)(b)(7)(C) A# (b)(6)(b)(7)(C) who is presently in:

(detainee)
Protective Custody Status Other Administrative Segregation ABO
Medical Segregation

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 21 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation into the Spanish or other language provided by _____

Detainee Signature: _____ Date/Time: 06-03-2020 @ 08:50 AM

For the reasons above, I recommend do not recommend removal from PC status.

(b)(6)(b)(7)(C) Date/Time: 06-03-2020 @ 08:50 AM

Officer in Charge

Date 6/03/2020

On 05/27/2020 Date Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C) - (Officer) conducted a formal review of the Special housing status of (b)(6)(b)(7)(C) A# (b)(6)(b)(7)(C) who is presently in: (detainee) Protective Custody Status Other Administrative Segregation ASD Medical Segregation

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 14 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation into the Spanish or other language provided by _____.

Detainee Signature: (b)(6)(b)(7)(C) Date/Time: 05/27/2020 @ 08:34 AM

For the reasons above, I recommend do not recommend removal from PC status.

SDEO signature (b)(6)(b)(7)(C) Date/Time: 05/27/2020 @ 08:34 AM

Concu

(b)(6)(b)(7)(C)

05/27/2020
Date

Disciplinary Segregation Review

(b)(6)(b)(7)(C)

On 05/20/2020 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent

(b)(6)(b)(7)(C)

conducted a formal review of the Disciplinary Segregation status

A# (b)(6)(b)(7)(C)

Date Disciplinary Segregation began: _____

Date Disciplinary Segregation ends: _____

Detainee has been in Disciplinary Segregation for 7 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee bathing at least twice weekly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons above, I recommend I do not recommend removal from DS status.

SDEO signature: (b)(6)(b)(7)(C) Date/Time: 05/20/2020 @ 08:45 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)

05/20/2020



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From: _____

Date: 5-13-10

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-1 Disobeying an order...
- 1-2 Failing to maintain acceptable cleanliness ...
- 1-3 Being out of place.
- 1-4 Refusal to accept a work assignment, housing assignment or program.
- 1-5 Conduct which disrupts....
- 1-6 Gambling ...
- 1-7 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-9 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures.
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco. ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA..
- 1-43 Failing to comply with count procedures
- 1-44 Possession ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Pending an investigation for the orderly running

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification.

+++++ (b)(6)(b)(7)(C) +++++

Authorized: _____

Title: G-4

A copy of this n
off signature: _____

Inmate: _____
date: 5-13-10 time: 1415

To: (b)(6)(b)(7)(C)

From: _____

Title: Watch Commander

Detainee _____

A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- _____ (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- _____ (B) Is under medical observation (medical staff must comment and sign this Order).
- _____ (C) Is pending a transfer or release within 24 hours.
- _____ (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- X _____ (E) Is a security risk to him/herself or the security of the facility.
- _____ (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do[] do not [] request a hearing concerning my segregation.

Detainee: (b)(6)(b)(7)(C) A-number: (b)(6)(b)(7)(C) Date: 05.13.2020

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date) _____

Title: _____
Time: _____

BRISTOL COUNTY SHERIFF'S OFFICE
ICE DETAINEE STRIP SEARCH REPORT

DATE: 05.13.2020

FACILITY: DHOC

NAME OF DETAINEE: [REDACTED] (b) (6), (b) (7)(C) ID NUMBER [REDACTED]

ICE detainee strip searches shall only be conducted when one or more the following factors have been satisfactorily met: (Check one or more.)

- Observation of unusual, surreptitious or suspicious appearance or behavior;
- Evasive or inconsistent responses to questions by law enforcement officer or BCSO staff;
- Discovery of a weapon or other contraband during a pat search, mental detector scan or other non-intrusive search;
- The detainee's criminal history, particularly prior to felony or misdemeanor for convictions of crimes involving violence, weapons, contraband, or illegal substances ordinarily, convictions for minor or non-violent offenses should not be the only basis for reasonable suspicion;
- Whether the detainee was detained concurrently with an arrest for a crime of violence; Or whether the detainee was arrested in possession of a weapon, or in possession of Contraband such as illegal drugs;
- Information from a law enforcement database or from other reliable sources suggesting that the detainee has affiliation with terrorist organization, criminal gangs, or organized crime;
- The detainee's history during confinement, particularly of violence, or of possession of contraband; Or
- The lack of identity documents, or the possession of multiple or fraudulent identify documents, making it difficult to verify the detainee's criminal or institutional confinement history.

Clearly elaborate the factor(s) identified that necessitated the strip search: (This is required)

DUE TO BEING MOVED TO THE RHU AREA, DETAINEE (b) (6), (b) (7)(C)
WAS STRIP SEARCHED.

Name and title of staff members conducting search: Officer [REDACTED] (b) (6), (b) (7)(C)
Name and title authorizing staff member: [REDACTED] (b) (6), (b) (7)(C)

On 06/03/2020 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C)
Date (b)(6)(b)(7)(C) (Officer)

conducted a formal review of the Special housing status of (b)(6)(b)(7)(C) A# (b)(6)(b)(7)(C) who is presently in:

Protective Custody Status Other Administrative Segregation ASD
Medical Segregation

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 21 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation into the Spanish or other language provided by _____.

Detainee Signature (b)(6)(b)(7)(C) Date/Time: 06-03-2020 @ 08:53 AM

For the reasons above, I recommend I do not recommend removal from PC status.

SDEO signatur (b)(6)(b)(7)(C) Date/Time: 06/03/2020 @ 08:55 AM

Concu
 Release

(b)(6)(b)(7)(C)
Date: 06/03/2020

On 05/27/2020 Supervisory Detention Enforcement
Date
conducted a formal review of the Special housing status c

(b)(6)(b)(7)(C)

Protective Custody Status [] (detainee)
Medical Segregation [] Other Administrative Segregation ASD

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 14 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation into the Spanish or other language provided by _____.

Detainee Signature: declined Date/Time: 05/27/2020 @ 08:30

For the reasons above, I recommend I do not recommend removal from PC status.

SDEO signat (b)(6)(b)(7)(C) Date/Time: 05/27/2020 @ 08:30

Conc
(b)(6)(b)(7)(C)

05/27/2020
Date

On 05/20/2020 Supervisory Detention Enforcement Officer (SDEO) (b)(6)(b)(7)(C) conducted a formal review of the Disciplinary Segregation status of (b)(6)(b)(7)(C)

Date Disciplinary Segregation began: _____

Date Disciplinary Segregation ends: _____

Detainee has been in Disciplinary Segregation for 7 days.

The following factors were reviewed with the results as indicated:

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Does the reason for initial placement remain valid? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the detainee pose a threat to himself? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does the detainee pose a threat to others? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Does the detainee pose a threat to property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does the detainee pose a threat to security? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Is the detainee defiant towards authority? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Is the detainee unwilling or unable to live in the general population? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Is the detainee bathing at least twice weekly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the detainee exercising at least one hour daily, 5 days a week? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the detainee consuming at least one meal daily? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the detainee receiving daily visits from medical staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the special housing officers signing and properly filling out the special housing unit record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons above, I recommend do not recommend removal from DS status.

SDEO signature (b)(6)(b)(7)(C) Date/Time: 05/20/2020 @ 08:50 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)

BRISTOL COUNTY SHERIFFS OFFICE
Thomas M. Hodgson, Sheriff



Our Mission

We are an organization of public safety
Professionals committed to serve and
Protect the people of Bristol County

RESTRICTIVE HOUSING TRANSFER ORDER

DETAINEE NAME: (b)(6)(b)(7)(C)

CIN: (b)(6)(b)(7)(C)

TIME AND DATE OF TRANSFER: 05/13/20 @ 1418 Hours

ORIGINAL UNIT & CELL NUMBER: 2 East Unit Cell 246

NEW UNIT & CELL NUMBER: EC Unit Cell M8

WAS THE USE OF FORCE NECESSARY? (Circle) YES NO

AUTHORIZED BY: Captain (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

TIME & DATE: 05/13/20 @ 1418

REVIEWED BY: Major

TIME & DATE: 1015 5/14/20

CHECK OFF ONCE REC.....

- **INCIDENT REPORTS**
- **MEDICAL REPORTS**
- **D-REPORTS**

COMMENTS:

Detainee (b)(6)(b)(7)(C) CIN # (b)(6)(b)(7)(C) moved from 2 East Unit Cell 246 to EC Unit, Cell M-8 pending "ASO" Status

BRISTOL COUNTY SHERIFF'S OFFICE
400 Faunce Corner Road North Dartmouth, MA 02747



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From: _____

Date: 5-13-20

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

- Code Number: Offense:**
- 1-1 Disobeying an order...
 - 1-2 Failing to maintain acceptable cleanliness ...
 - 1-3 Being out of place.
 - 1-4 Refusal to accept a work assignment, housing assignment or program.
 - 1-5 Conduct which disrupts....
 - 1-6 Gambling ...
 - 1-7 Misuse of issued supplies, goods, services, or property.
 - 1-08 Horseplay ...
 - 1-9 Lost Inmate ID cards.
 - 1-10 Use of obscene, or threatening gestures
 - 1-11 Possession of any material that depicts sexually explicit acts
 - 1-12 Throwing objects, spitting... at another.
 - 1-13 Possession of items not authorized for retention
 - 1-14 Being tattooed while incarcerated, tattooing another
 - 1-15 Violating library procedures
 - 1-16 Violating any department rule or regulation
 - 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
 - 1-18 Conspiring with another person to commit any of the above offenses
 - 1-19 Killing.
 - 1-20 Assaulting or threatening to assault
 - 1-21 Fighting with or threatening another person
 - 1-22 Sexual assault on a staff member, another inmate or visitor.
 - 1-23 Engaging in sexual acts
 - 1-24 Escape, attempted escape or possession of escape tools.
 - 1-25 Use of any narcotic, controlled substance, illegal drug, ...
 - 1-26 Use of intoxicants and alcohol

- Code Number: Offense:**
- 1-27 Participation in or encouraging a riot, work stoppage ...
 - 1-28 Taking or holding any person hostage.
 - 1-29 Making a bomb threat
 - 1-30 Possession of a weapon, ammunition, sharpened instrument ...
 - 1-31 Possession of any tobacco, ...
 - 1-32 Interfering with staff members in the performance of their duties.
 - 1-33 Causing injury to another person
 - 1-34 Setting fire or making a false fire alarm.
 - 1-35 Vandalizing county property ...
 - 1-36 Threatening to vandalize county property...
 - 1-37 Unauthorized possession of property
 - 1-38 Theft of property or possession of stolen property ...
 - 1-39 Tampering with any locking or security device
 - 1-40 Unauthorized accumulation of prescribed medication....
 - 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
 - 1-42 Refusing or failing to submit to testing such as DNA...
 - 1-43 Failing to comply with count procedures
 - 1-44 Possession ...of unauthorized keys.
 - 1-45 Counterfeiting of any document, ...
 - 1-46 Giving, selling, borrowing, lending or trading to another inmate
 - 1-47 Giving, receiving or offering any staff member a bribe
 - 1-48 Receiving, accepting or obtaining goods by fraud
 - 1-49 Demanding or receiving money or anything of value ...
 - 1-50 Wearing or displaying colors / STG
 - 1-51 Abusing telephone privileges
 - 1-52 Using another inmate's PIN
 - 1-53 Defacing an inmate ID number affixed to inmate property
 - 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Pending an investigation / For the orderly running of the jail

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central CI: (b)(6)(b)(7)(C)

+++++

Authorized: _____ Title: CPL

A copy of this no (b)(6)(b)(7)(C) named inmate.

Staff signature: _____ date: 5-13-20 time: 1720

To: (b)(6)(b)(7)(C)

From: _____

Title: Watch Commander

Detainee: _____

#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do do not request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date): _____

Title: _____
Time: _____

BRISTOL COUNTY SHERIFF'S OFFICE
ICE DETAINEE STRIP SEARCH REPORT

DATE: 05/13/2020

FACILITY: DHOC

NAME OF DETAINEE: (b) (6), (b) (7)(C)

ID NUMBER (b) (6), (b) (7)(C)

ICE detainee strip searches shall only be conducted when one or more the following factors have been satisfactorily met: (Check one or more.)

- Observation of unusual, surreptitious or suspicious appearance or behavior;
- Evasive or inconsistent responses to questions by law enforcement officer or BCSO staff;
- Discovery of a weapon or other contraband during a pat search, mental detector scan or other non-intrusive search;
- The detainee's criminal history, particularly prior to felony or misdemeanor for convictions of crimes involving violence, weapons, contraband, or illegal substances ordinarily, convictions for minor or non-violent offenses should not be the only basis for reasonable suspicion;
- Whether the detainee was detained concurrently with an arrest for a crime of violence; Or whether the detainee was arrested in possession of a weapon, or in possession of Contraband such as illegal drugs;
- Information from a law enforcement database or from other reliable sources suggesting that the detainee has affiliation with terrorist organization, criminal gangs, or organized crime;
- The detainee's history during confinement, particularly of violence, or of possession of contraband; Or
- The lack of identity documents, or the possession of multiple or fraudulent identify documents, making it difficult to verify the detainee's criminal or institutional confinement history.

Clearly elaborate the factor(s) identified that necessitated the strip search: (This is required)

Detainee Darlin Guillermo CIN # 198348 was moved to 2 East Unit. Per policy all entering RHU must be stripped search to ensure no contraband enters.

Name and title of staff members conducting search: Officer S (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

Name and title authorizing staff member: Watch Commander (b) (6), (b) (7)(C) s/

ICE Strip Search Form



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE
BRISTOL COUNTY SHERIFF

400 FAUNCE CORNER ROAD
NORTH DARTMOUTH, MA
02747

THOMAS M. HODGSON
SHERIFF

TEL. (508) 995-(b)(6)(b)(7)
FAX. (508) 995-3326

=====
Cover Letter-72 hour Placement Notice
=====

DETAINEE: (b)(6)(b)(7)(C)
FROM: Major (b)(6)(b)(7)(C)
SUBJECT: Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) /A# (b)(6)(b)(7)(C)
DATE: 06/01/20
TIME: 1400

On May 7, 2020 Detainee (b)(6)(b)(7)(C) was placed on ASO status pending investigation by SUI.

The Original Placement Order form was placed in file Detainee's file before the Detainee was given a copy.

Detainee is receiving a copy as of today, Monday, June 1, 2020.

Major (b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units
508-995-(b)(6)(b)(7)(C)
Ext (b)(6)(b)(7)(C)
Cell 508-922-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C) bcso-ma.org



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID# (b)(6)(b)(7)(C)

From: **Special Investigations Unit**

Date: **5/7/2020**

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts....
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication...
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

Pending SIU Investigation

+++++ Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signed: (b)(6)(b)(7)(C) Title: Sergeant

A copy of th	named inmate.
Staff signat	Date: <u>5/7/20</u> Time: <u>1500</u>

To: (b)(6)(b)(7)(C)

Fro

Title: CPT / SIV

Det

A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do do not request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

ICE B DISTURBANCES 5/1/20
PENDING MEDICAL SCREENING ON SM/20 ASU ACTIVATED SM/20

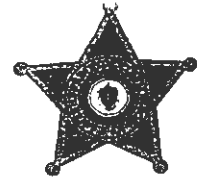
Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date): _____

Title: _____
Time: _____



Notice of Placement into

Segregation Order Status

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From:
+++++

Date: 10/14/20

+++++

Please be advised that effective this date you have been placed on Awaiting Action Status pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts,...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an Administrative Segregation Order for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

+++++

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signature: (b)(6)(b)(7)(C)

Title: Major

A cop
Staff :

inmate.

Date: 10/14/20 Time: 0800

To: (b)(6)(b)(7)(C)

From

Detainee: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do do not request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

Detainee (b)(6)(b)(7)(C) HSD status
for the safety and security of the facility

Medical Officer:

(b)(6)(b)(7)(C)

Admitted by: _____
Admitted: (Date): 10/17/00

Title: Lieutenant
Time: 0800

Released by: _____
Released: (Date) _____

Title: _____
Time: _____

(b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C) <(b)(6)(b)(7)(C)@brisco-ma.org>
Sent: Friday, October 9, 2020 11:12 AM
To: (b)(6)(b)(7)(C)
Cc: (b)(6)(b)(7)(C)
Subject: RE: Detainee(b)(6)(b)(7)(C)

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

I spoke to Detainee (b)(6)(b)(7)(C) today. He stated that Officer (b)(6)(b)(7)(C) misunderstood him. I asked him what did he say to Officer (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C) said when he asked about his food tray having the wrong hotdogs and asked him to call the kitchen officer (b)(6)(b)(7)(C) got upset and Detainee responded by saying why all these other N_____ get their food. The whole unit heard him. I informed him that referring to Detainees and Officers as N_____ is very inappropriate and he continued to say that's how he talks and the other Detainees use the N word also. He said he starting up using the N word here and doesn't use it on the street. This was very offensive to officers and the other Detainees in the unit.

Detainee is a level High and cannot be housed in ICE B or 2-East. He will be placed on ASO status on October 14, 2020 pending housing assessment or until transferred

Requesting that Detainee (b)(6)(b)(7)(C) be transferred to another facility.

Thank you

Major (b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units

(b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C)
Sent: Wednesday, October 7, 2020 9:31 AM
To: (b)(6)(b)(7)(C)
Cc: (b)(6)(b)(7)(C)
Subject: Detainee (b)(6)(b)(7)(C)

Good Morning Major (b)(6)(b)(7)(C)

Detainee (b)(6)(b)(7)(C) is off status on 10/14/2020. As you know he was written up for refusing to wear his proper uniform and referring to the Officer in 2 East unit as nigger. Other detainees heard him say this and as you can imagine they were upset. His statement and the fact that detainees in the unit heard him makes it impossible to move him back to 2 East. Detainee (b)(6)(b)(7)(C) is classified as a level 3. For his safety and with your permission I'm requesting that I make a request to SDDO (b)(6)(b)(7)(C) to have him moved to another facility after he completes his D-Time. Please Advise.

Respectfully,

(b)(6)(b)(7)(C)
Lieutenant of Immigration Services
Bristol County Sheriff's Office



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE

BRISTOL COUNTY SHERIFF

400 FAUNCE CORNER ROAD
NORTH DARTMOUTH, MA
02747

THOMAS M. HODGSON
SHERIFF

TEL. (508) 995-(b)(6)(b)(7)(C)
FAX. (508) 995-3326

=====
Cover Letter-72 hour Placement Notice
=====

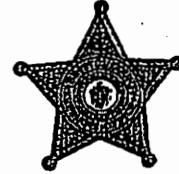
DETAINEE: (b)(6)(b)(7)(C)
FROM: Major (b)(6)(b)(7)(C)
SUBJECT: Detainee (b)(6)(b)(7)(C)
DATE: 06/01/20
TIME: 1400

On May 7, 2020 Detainee (b)(6)(b)(7)(C) was placed on ASO status pending investigation by SU1.

The Original Placement Order form was placed in file Detainee's file before the Detainee was given a copy.

Detainee is receiving a copy as of today, Monday, June 1, 2020.

Major (b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units
508-995-(b)(6)(b)(7)(C)
Ext. (b)(6)(b)(7)(C)
Cell 508-922-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C) bcso-ma.org



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID# (b)(6)(b)(7)(C)

From: Special Investigations Unit

Date: 5/7/2020

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the investigation or the hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts,...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication...
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

Pending SIU Investigation

+++++

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signed: (b)(6)(b)(7)(C) Title: Sergeant

A copy of I
Staff signa

named inmate.
Date: 5/7/20 Time: 1500

To: (b)(6)(b)(7)(C)

From: _____

Title: Cpt. / STJ

Detail: _____

A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do[] do not [] request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

ICE B DISURBANCE
PENDING MEDICAL SCREENING SMDC ASU ACTIVATION SMDC

Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date): _____

Title: _____
Time: _____



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE
BRISTOL COUNTY SHERIFF

400 FAUNCE CORNER ROAD
NORTH DARTMOUTH, MA
02747

THOMAS M. HODGSON
SHERIFF

TEL. (508) 995-(b)(6)(b)(7)(C)
FAX. (508) 995-3326

=====
Cover Letter-72 hour Placement Notice
=====

DETAINEE: (b)(6)(b)(7)(C)
FROM: Major (b)(6)(b)(7)(C)
SUBJECT: Detainee (b)(6)(b)(7)(C)
DATE: 06/01/20
TIME: 1400

On May 7, 2020 Detainee (b)(6)(b)(7)(C) was placed on ASO status pending investigation by SUI.

The Original Placement Order form was placed in file Detainee's file before the Detainee was given a copy.

Detainee is receiving a copy as of today, Monday, June 1, 2020.

Major (b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units
508-995-(b)(6)(b)(7)(C)
Ext. (b)(6)(b)(7)(C)
Cell 508-922-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C) bcso-ma.org



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID# (b)(6)(b)(7)(C)

From: Special Investigations Unit

Date: 5/7/2020

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
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- 1-05 Conduct which disrupts,...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
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- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA..
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

Pending SIU Investigation

+++++

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification.

Signed: **(b)(6)(b)(7)(C)**

Title: Sergeant

A copy of
Staff signature

red inmate.
Date: 5/7/20 Time: 1:20

To: (b)(6)(b)(7)(C)

From _____ Title: Cpt. /STJ

Detainee: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do[] do not [] request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

ICE B DISTURBANCE 5/1/00
PENDING MEDICAL SCREENING ON 5/1/00 ASC ACTIVATED 5/1/00

Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date): _____

Title: _____
Time: _____



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: 20-0914-363

Report Date 09/14/2020 Incident Date 09/14/2020 Incident Time 15:30
Booking Number: D2001549 Inmate ID: 79007

Inmate Name: (b) (6), (b) (7)(C)
Location: DN3 Officer
Involvement: Other

Housing Location: GNE / 118 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include: 08 - Conduct which disrupts (Major), 02 - Violating any rule or regulation (Major), 01D - Refusing a housing assignment (Major)

Otr Inmates Involved: No Housing Assign

Code Number of Rule(s) Violated Offense Type

Report Subject: Refuse Housing

Statement of Offense:

ON 9-14-20 at approximately 1530hrs, I Officer (b)(6)(b)(7)(C) was approached by I.C.E Inmate (b)(6)(b)(7)(C) at the officers panel in Unit DN3. Inmate (b)(6)(b)(7) stated that he wanted off the unit and placed into protective custody. He explained that he couldn't live with his current celly or anyone else in the unit . I asked him why and he stated that he thought his cellmate was a rapist and couldn't live with him. When I offered to move his cell he said no sir you don't understand I need to talk to a Lt. and check into protective custody. Inmate (b)(6)(b)(7) was sent out to speak with the LT. and then moved to unit G.

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)

Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):

Signature Date:

Special Management Unit

ICE Detainee Segregation Order

(b)(6)(b)(7)(C)

Date: 09-14-20

ID#:

Name: (b)(6)(b)(7)(C)

A-Number: A- [redacted]

Date Assigned to Unit: 09-14-20

(b)(6)(b)(7)(C)

Housing Assignment: NE 118

- Reason:
- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
 - Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 - Pending Classification / La Clasificación pendiente / Classificação pendente

Comments: _____

(b)(6)(b)(7)(C) _____

Signature: _____
Unit Supervisor

Date: 09-14-20

The detainee (b)(6)(b)(7)(C) for his copy of the Segregation Order.

Signature: _____
if Refusal

Date: 09-14-20

Inmate Detainee's Signature of Receipt: _____

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

Special Management Unit

ICE Detainee Segregation Order

Date: 9-23-2020 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number: _____

Date Assigned to Unit: 9-23-2020

Housing Assignment: _____

- Reason: Classified for Permanent Housing / Clasifido para el Albergue Permanente / Clasifido para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente

Comments: _____

(b)(6)(b)(7)(C) _____

Signature: _____ Date: 9-23-2020

Unit Supervisor

The detainee has refused to sign for his copy of the Segregation Order

Signature: _____ Date: _____
Staff Witness of Refusal

Inmate Detainee's Signature of Receipt (b)(6)(b)(7)(C)

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee



Informational Report

Report Date
09/14/2020

Incident Date
09/14/2020

Incident Time
15:30

Name/Event: (b)(6)(b)(7)(C) S
Incident Location: Zone 3 UTM / LT Office

Booking Number: D2001549
Housing Location: GNE / 118 / 1

Persons Involved: (b)(6)(b)(7)(C)

Report Subject: Refuse Housing

Reporting Officer: (b)(6)(b)(7)(C)

Sir,

On Monday September 14, 2020 I was assigned as the Zone 3 Lieutenant for the 1500-2300 hours shift. At approximately 1530 hours an incident occurred, which led to the removal of ICE Boston Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) from the Zone 3 Office to Unit G for refusing housing.

Officer (b)(6)(b)(7)(C) (Unit DN3 Officer) called via phone about an incident that occurred in the unit. (b)(6)(b)(7)(C) stated that detainee (b)(6)(b)(7)(C) went up to the Officer's panel and stated that he needed to leave the unit because he thought he was housed with a rapist and he didn't want to be in there. (b)(6)(b)(7)(C) also stated that (b)(6)(b)(7)(C) wanted to check into protective custody. I then told Officer (b)(6)(b)(7)(C) to send (b)(6)(b)(7)(C) to the Zone 3 Office so I could speak with him.

I interviewed Detainee (b)(6)(b)(7)(C) in the Zone 3 Office. Once he entered the Office, he had his property packed and his property bag in his hand. I asked (b)(6)(b)(7)(C) if he was refusing housing, to which he stated "yes, I don't want to live with anyone, I want to live in a single cell." I explained to (b)(6)(b)(7)(C) that that's not how this jail works and he is not going to live in a single cell by himself and he can't pick and choose where he wants to live. Detainee (b)(6)(b)(7)(C) started arguing with me about where he was being housed and that he wanted to live by himself. I asked him why he was refusing housing, to which he stated "I can't live in that cell, the kid is a rapist and showing me pictures of little girls. Everyone in the unit is telling me he's a rapist. I don't want to be in that unit." I then asked (b)(6)(b)(7)(C) what he meant by he wanted to check into protective custody, to which he stated "I just want a single cell and live by myself." I again explained to (b)(6)(b)(7)(C) that he is not going to have a single cell and that he is going to be housed with someone. I then asked (b)(6)(b)(7)(C) who he was talking about in the unit, to which he stated my celly in 404, (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) started to argue with me again. I ordered (b)(6)(b)(7)(C) to turn around and place his hands behind his back to which he complied. Officer (b)(6)(b)(7)(C) applied handcuffs without issues. (b)(6)(b)(7)(C) was then escorted out of the office and to the Medical Department.

Medical Officer (b)(6)(b)(7)(C) met us in the first floor hallway outside of the kitchen slider. He performed the Initial Segregation Assessment and authorized him to be housed in Unit G. Detainee (b)(6)(b)(7)(C) was then escorted to Unit G without issues.

Keep Aways were entered into the computer. Detainee (b)(6)(b)(7)(C) property was already packed and inventoried by CERT (See Attached).

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 08/01/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On August 1, 2021, detainee was removed from general population and placed in restrictive housing for smoking an unknown substance.

On August 2, 2021, detainee received an additional disciplinary infraction for smoking an unknown substance while in restrictive housing.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is being treated for Unspecified Depressive and Anxiety Disorder. (b)(6)(b)(7)(C) is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This writer, (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on August 2, 2021. The detainee presented as stable and was alert and oriented with his thought process being organized and goal directed. Detainee (b)(6)(b)(7)(C) mood was euthymic with congruent affect. Detainee (b)(6)(b)(7)(C) was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

October 17, 1996 - Admitted to the U.S. as B-2 visitor for pleasure at New York City, New York

September 21, 2006 - Subject's Mother filed an I-130, Petition for Alien Relative with (b) (6), (b) (7)(C) as the beneficiary.

May 06, 2009 - USCIS approved the I-130.

ICE Review of Segregation Cases

November 25, 2011 - Subject filed Form I-485, Application to Adjust Status.

April 11, 2012- USCIS approved I-485 Adjusted status to lawful permanent resident IR7.

December 01, 2017- Subject filed N-400, Application for Naturalization.

September 18, 2018- USCIS denied N-400 Application for Naturalization.

March 19, 2020 - Encountered by ICE/ERO 287g at Massachusetts Department of Correction, MCI Cedar Junction, South Walpole, Massachusetts.

July 21, 2021 – Notice to Appear Form I-862 served.

August 10, 2021 – scheduled for EOIR master hearing.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 05/01/18 PD: FAL COURT: BRISTOL SUPERIOR DKT#: 1873CR00118A

OFF: ARMED ROBBERY ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/16/18 PTCOR-B 11/5/18 WAR 11/9/18 WD 3/15/19 WAR 5/6/19 W/D 5/15/19

WAR 5/16/19 W/D 11/18/19 JT 1/21/20 G 2 YR - 3 YR CMTD VWF

ARRAIGNMENT: (0002)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006211A

OFF: ARMED ROBBERY MASK ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/8/18 NP

ARRAIGNMENT: (0003)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006228A

OFF: SHOPLIFTIN SHOPLIFT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 2/14/19 DISM

ARRAIGNMENT: (0004)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795A

OFF: ASSAULT AND BATTERY DOMESTIC A&B

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0005)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795B

OFF: VANDALIZE PROPERTY VAND PROP

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0006)

ICE Review of Segregation Cases

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932A
OFF: ASSAULT ASLT
STATUS: C WPD: WDT:
DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0007)
ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932B
OFF: THREATENING BOD HARM THREAT
STATUS: C WPD: WDT:
DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0008)
ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704A
OFF: LARCENY FROM A PERSON LAR PERS
STATUS: C WPD: WDT:
DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0009)
ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704B
OFF: UNARMED ROBBERY ROB UNARM
STATUS: C WPD: WDT:
DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0010)
ARG-DATE: 03/03/17 PD: SOM COURT: FALL RIVER DISTRICT DKT#: 1732CR001001A
OFF: DISORDERLY CONDUCT DIS COND
STATUS: C WPD: WDT:
DISP: DISM

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 8/2/21

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 09/03/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On September 3, 2021, detainee was removed from general population for refusing a housing assignment.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is being treated for Unspecified Depressive and Anxiety Disorder. (b)(6)(b)(7)(C) is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This writer, (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) ((b)(6)(b)(7)(C) on September 7th, 2021. The detainee presented as stable. Detainee (b)(6)(b)(7)(C) was alert and oriented with a euthymic mood. Detainee's thought process was organized, and goal directed and there was no evidence of psychosis. Detainee (b)(6)(b)(7)(C) was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

October 17, 1996 - Admitted to the U.S. as B-2 visitor for pleasure at New York City, New York

September 21, 2006 - Subject's Mother filed an I-130, Petition for Alien Relative with (b) (6), (b) (7)(C) as the beneficiary.

May 06, 2009 - USCIS approved the I-130.

November 25, 2011 - Subject filed Form I-485, Application to Adjust Status.

ICE Review of Segregation Cases

April 11, 2012- USCIS approved I-485 Adjusted status to lawful permanent resident IR7.

December 01, 2017- Subject filed N-400, Application for Naturalization.

September 18, 2018- USCIS denied N-400 Application for Naturalization.

March 19, 2020 - Encountered by ICE/ERO 287g at Massachusetts Department of Correction, MCI Cedar Junction, South Walpole, Massachusetts.

July 21, 2021 – Notice to Appear Form I-862 served.

August 10, 2021 – scheduled for EOIR master hearing.

August 31, 2021 – EOIR reset to 9/20/21 to file I-589.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 05/01/18 PD: FAL COURT: BRISTOL SUPERIOR DKT#: 1873CR00118A

OFF: ARMED ROBBERY ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/16/18 PTCOR-B 11/5/18 WAR 11/9/18 WD 3/15/19 WAR 5/6/19 W/D 5/15/19

WAR 5/16/19 W/D 11/18/19 JT 1/21/20 G 2 YR - 3 YR CMTD VWF

ARRAIGNMENT: (0002)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006211A

OFF: ARMED ROBBERY MASK ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/8/18 NP

ARRAIGNMENT: (0003)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006228A

OFF: SHOPLIFTIN SHOPLIFT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 2/14/19 DISM

ARRAIGNMENT: (0004)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795A

OFF: ASSAULT AND BATTERY DOMESTIC A&B

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0005)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795B

OFF: VANDALIZE PROPERTY VAND PROP

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0006)

ICE Review of Segregation Cases

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932A
OFF: ASSAULT ASLT
STATUS: C WPD: WDT:
DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0007)
ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932B
OFF: THREATENING BOD HARM THREAT
STATUS: C WPD: WDT:
DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0008)
ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704A
OFF: LARCENY FROM A PERSON LAR PERS
STATUS: C WPD: WDT:
DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0009)
ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704B
OFF: UNARMED ROBBERY ROB UNARM
STATUS: C WPD: WDT:
DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0010)
ARG-DATE: 03/03/17 PD: SOM COURT: FALL RIVER DISTRICT DKT#: 1732CR001001A
OFF: DISORDERLY CONDUCT DIS COND
STATUS: C WPD: WDT:
DISP: DISM

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 9/8/2021

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 09/15/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On September 15, 2021, detainee was removed from general population for refusing a housing assignment.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is being treated for Unspecified Depressive and Anxiety Disorder. (b)(6)(b)(7)(C) is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This writer (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) on September 17th, 2021. This detainee presented as stable and was able to maintain his behavioral control during this session. Detainee had good eye contact, was appropriately groomed, euthymic with congruent affect. Detainee denied thoughts of SI/HI and there was no evidence of psychosis observed or reported at this time. Detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

October 17, 1996 - Admitted to the U.S. as B-2 visitor for pleasure at New York City, New York

September 21, 2006 - Subject's Mother filed an I-130, Petition for Alien Relative (b) (6), (b) (7)(C) as the beneficiary.

May 06, 2009 - USCIS approved the I-130.

ICE Review of Segregation Cases

November 25, 2011 - Subject filed Form I-485, Application to Adjust Status.

April 11, 2012- USCIS approved I-485 Adjusted status to lawful permanent resident IR7.

December 01, 2017- Subject filed N-400, Application for Naturalization.

September 18, 2018- USCIS denied N-400 Application for Naturalization.

March 19, 2020 - Encountered by ICE/ERO 287g at Massachusetts Department of Correction, MCI Cedar Junction, South Walpole, Massachusetts.

July 21, 2021 – Notice to Appear Form I-862 served.

August 10, 2021 – scheduled for EOIR master hearing.

August 31, 2021 – EOIR reset to 9/20/21 to file I-589.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 05/01/18 PD: FAL COURT: BRISTOL SUPERIOR DKT#: 1873CR00118A

OFF: ARMED ROBBERY ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/16/18 PTCOR-B 11/5/18 WAR 11/9/18 WD 3/15/19 WAR 5/6/19 W/D 5/15/19

WAR 5/16/19 W/D 11/18/19 JT 1/21/20 G 2 YR - 3 YR CMTD VWF

ARRAIGNMENT: (0002)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006211A

OFF: ARMED ROBBERY MASK ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/8/18 NP

ARRAIGNMENT: (0003)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006228A

OFF: SHOPLIFTIN SHOPLIFT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 2/14/19 DISM

ARRAIGNMENT: (0004)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795A

OFF: ASSAULT AND BATTERY DOMESTIC A&B

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0005)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795B

OFF: VANDALIZE PROPERTY VAND PROP

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ICE Review of Segregation Cases

ARRAIGNMENT: (0006)

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932A

OFF: ASSAULT ASLT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0007)

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932B

OFF: THREATENING BOD HARM THREAT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0008)

ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704A

OFF: LARCENY FROM A PERSON LAR PERS

STATUS: C WPD: WDT:

DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0009)

ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704B

OFF: UNARMED ROBBERY ROB UNARM

STATUS: C WPD: WDT:

DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0010)

ARG-DATE: 03/03/17 PD: SOM COURT: FALL RIVER DISTRICT DKT#: 1732CR001001A

OFF: DISORDERLY CONDUCT DIS COND

STATUS: C WPD: WDT:

DISP: DISM

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 08/01/2021

3. Date of Disciplinary Proceeding (If Applicable):

- 8/9/21; G – 10 days disciplinary detention
- 8/9/21; G – 10 days disciplinary detention
- 8/9/21; G – 10 days disciplinary detention

4. Length of Disciplinary Sanction (If Applicable):

30 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On August 1, 2021, detainee was removed from general population and placed in segregation for smoking an unknown substance. (Disciplinary hearing 8/9/21, guilty, 10 days disciplinary detention)

On August 3, 2021, at approximately 6:45 a.m., detainee received an additional disciplinary infraction for smoking an unknown substance while in segregation. (Disciplinary hearing 8/9/21, guilty, 10 days disciplinary detention)

On August 3, 2021, at approximately 5:40 p.m., detainee received an additional disciplinary infraction for smoking an unknown substance while in segregation. (Disciplinary hearing 8/9/21, guilty, 10 days disciplinary detention)

ICE Review of Segregation Cases

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is being treated for Unspecified Depressive and Anxiety Disorder. (b)(6)(b)(7)(C) is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This writer, (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on August 2, 2021. The detainee presented as stable and was alert and oriented with his thought process being organized and goal directed. Detainee (b)(6)(b)(7)(C) mood was euthymic with congruent affect. Detainee (b)(6)(b)(7)(C) was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

ICE Review of Segregation Cases

October 17, 1996 - Admitted to the U.S. as B-2 visitor for pleasure at New York City, New York

September 21, 2006 - Subject's Mother filed an I-130, Petition for Alien Relative with (b) (6), (b) (7)(C) as the beneficiary.

May 06, 2009 - USCIS approved the I-130.

November 25, 2011 - Subject filed Form I-485, Application to Adjust Status.

April 11, 2012- USCIS approved I-485 Adjusted status to lawful permanent resident IR7.

December 01, 2017- Subject filed N-400, Application for Naturalization.

September 18, 2018- USCIS denied N-400 Application for Naturalization.

March 19, 2020 - Encountered by ICE/ERO 287g at Massachusetts Department of Correction, MCI Cedar Junction, South Walpole, Massachusetts.

July 21, 2021 – Notice to Appear Form I-862 served.

August 10, 2021 – scheduled for EOIR master hearing 8/31/21.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 05/01/18 PD: FAL COURT: BRISTOL SUPERIOR DKT#: 1873CR00118A

OFF: ARMED ROBBERY ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/16/18 PTCOR-B 11/5/18 WAR 11/9/18 WD 3/15/19 WAR 5/6/19 W/D 5/15/19

WAR 5/16/19 W/D 11/18/19 JT 1/21/20 G 2 YR - 3 YR CMTD VWF

ARRAIGNMENT: (0002)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006211A

OFF: ARMED ROBBERY MASK ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/8/18 NP

ARRAIGNMENT: (0003)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR006228A

OFF: SHOPLIFTIN SHOPLIFT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 2/14/19 DISM

ARRAIGNMENT: (0004)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795A

OFF: ASSAULT AND BATTERY DOMESTIC A&B

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ICE Review of Segregation Cases

ARRAIGNMENT: (0005)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: 1736CR002795B

OFF: VANDALIZE PROPERTY VAND PROP

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0006)

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932A

OFF: ASSAULT ASLT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0007)

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR004932B

OFF: THREATENING BOD HARM THREAT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0008)

ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704A

OFF: LARCENY FROM A PERSON LAR PERS

STATUS: C WPD: WDT:

DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0009)

ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: 1732CR003704B

OFF: UNARMED ROBBERY ROB UNARM

STATUS: C WPD: WDT:

DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0010)

ARG-DATE: 03/03/17 PD: SOM COURT: FALL RIVER DISTRICT DKT#: 1732CR001001A

OFF: DISORDERLY CONDUCT DIS COND

STATUS: C WPD: WDT:

DISP: DISM

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 8/13/21 _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 11/26/2021

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On November 26, 2021, detainee was removed from general population for refusing a housing assignment.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is being treated for Unspecified Depressive and Anxiety Disorder. (b)(6)(b)(7)(C) is prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Detainee appears to be manipulating his housing assignments.

Additional Comment:

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

October 17, 1996 - Admitted to the U.S. as B-2 visitor for pleasure at New York City, New York

September 21, 2006 - Subject's Mother filed an I-130, Petition for Alien Relative with (b) (6), (b) (7)(C) as the beneficiary.

May 06, 2009 - USCIS approved the I-130.

November 25, 2011 - Subject filed Form I-485, Application to Adjust Status.

April 11, 2012- USCIS approved I-485 Adjusted status to lawful permanent resident IR7.

December 01, 2017- Subject filed N-400, Application for Naturalization.

ICE Review of Segregation Cases

September 18, 2018- USCIS denied N-400 Application for Naturalization.

March 19, 2020 - Encountered by ICE/ERO 287g at Massachusetts Department of Correction, MCI Cedar Junction, South Walpole, Massachusetts.

July 21, 2021 – Notice to Appear Form I-862 served.

August 10, 2021 – scheduled for EOIR master hearing.

August 31, 2021 – EOIR reset to 9/20/21 to file I-589.

October 12, 2021 – EOIR reset to 10/27/21.

October 27, 2021 – IJ ordered removed. Alien reserved appeal due 11/26/21.

November 29, 2021 – No appeal filed with BIA.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 05/01/18 PD: FAL COURT: BRISTOL SUPERIOR DKT#: (b) (7)(E)

OFF: ARMED ROBBERY ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/16/18 PTCOR-B 11/5/18 WAR 11/9/18 WD 3/15/19 WAR 5/6/19 W/D 5/15/19
WAR 5/16/19 W/D 11/18/19 JT 1/21/20 G 2 YR - 3 YR CMTD VWF

ARRAIGNMENT: (0002)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: ARMED ROBBERY MASK ROB ARM

STATUS: C WPD: WDT:

DISP: C 5/8/18 NP

ARRAIGNMENT: (0003)

ARG-DATE: 01/30/18 PD: FAL COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: SHOPLIFTIN SHOPLIFT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 2/14/19 DISM

ARRAIGNMENT: (0004)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: (b) (7)(E)

OFF: ASSAULT AND BATTERY DOMESTIC A&B

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ARRAIGNMENT: (0005)

ARG-DATE: 12/11/17 PD: DAN COURT: SALEM DISTRICT DKT#: (b) (7)(E)

OFF: VANDALIZE PROPERTY VAND PROP

STATUS: C WPD: WDT:

DISP: PTP C 1/9/18 DF 3/21/18 D/R 7/23/18 DISM

ICE Review of Segregation Cases

ARRAIGNMENT: (0006)

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: ASSAULT ASLT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0007)

ARG-DATE: 10/11/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: THREATENING BOD HARM THREAT

STATUS: C WPD: WDT:

DISP: C 10/24/18 JT 12/18/18 DF 12/21/18 D/R 2/15/19 DISM

ARRAIGNMENT: (0008)

ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: LARCENY FROM A PERSON LAR PERS

STATUS: C WPD: WDT:

DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0009)

ARG-DATE: 07/26/17 PD: FAL COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: UNARMED ROBBERY ROB UNARM

STATUS: C WPD: WDT:

DISP: C 9/13/17 DF 10/11/17 D/R JT 1/21/19 DISM

ARRAIGNMENT: (0010)

ARG-DATE: 03/03/17 PD: SOM COURT: FALL RIVER DISTRICT DKT#: (b) (7)(E)

OFF: DISORDERLY CONDUCT DIS COND

STATUS: C WPD: WDT:

DISP: DISM

(b)(6)(b)(7)(C)

11. Reviewing Superv

(b)(6)(b)(7)(C)

Assistant Field Off

12. Date:

11/29/2021

Special Management Unit

ICE Detainee Segregation Order

Date: 8/1/2021

ID#: (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Name:

A-Number:

Date Assigned to Unit: 8/1/2021

Housing Assignment: 6 NE

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention / Sirviendo detención disciplinaria / Cumprindo detenção disciplinar

Comments:

(b)(6)(b)(7)(C)

Signature:

Date: 8/1/2021

The detainee has refused to sign for his copy of the Segregation Order.

Signature:

Date:

Staff Witness of Refusal

(b)(6)(b)(7)(C)

Inmate Detainee's Signature of Receipt:

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder

Copy to Inmate / Detainee



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: REFUSING A HOUSING ASSIGNMENT CONDUCT WHICH DISRUPTS

2) Medical Officer (b)(6)(b)(7)(C) was notified at (b)(6)(b)(7)(C) hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C)

Shift Commander: CAPTAIN (b)(6)(b)(7)(C) **Signature:** (b)(6)(b)(7)(C)

Date: September 3, 2021 **Time:** 2135

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 9/7/21 **Time:** 0700 am / pm

Comments: _____

Superintendent or Designee: (b)(6)(b)(7)(C)

D

**Plymouth County Sheriff's Department
Plymouth County Correctional Facility**



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
 - a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (INS) DETAINEE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<p><i>Place an 'X' in the applicable box, articulate further information below.</i></p> <p><input type="checkbox"/> Pending Re-Classification</p> <p><input checked="" type="checkbox"/> Pending Disciplinary Review / Action</p> <p><input type="checkbox"/> Medical Watch / Mental Health Watch</p> <p><input type="checkbox"/> Protective Custody / Housing / Enemy Issues</p> <p><input type="checkbox"/> Suicide Watch</p> <p><input type="checkbox"/> Other, list below</p>	<p><i>Place an 'X' in the applicable box, articulate further information below.</i></p> <p><input checked="" type="checkbox"/> Unit G</p> <p><input type="checkbox"/> Booking & Release Orientation</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Other: List below</p>

Comments:

**REFUSING A HOUSING ASSIGNMENT
CONDUCT WHICH DISRUPTS**

- 2) Medical Officer (b)(6)(b)(7)(C) was notified at 2155 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

There are existing medical issues requiring address, listed as follows:

Comments:

(b)(6)(b)(7)(C)

Shift Commander: ADS (b)(6)(b)(7)(C) Signature: _____

Date: September 15, 2021 Time: 2155

- 3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: _____ Time: _____ am / pm

Comments: _____

Superintendent or Designee: _____

Special Management Unit
ICE Detainee Segregation Order

Date: 11-26-21
Name: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)
A-Number: _____

Date Assigned to Unit: 11-26-21

Housing Assignment: NE-112

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention / Sirviendo detención disciplinaria / Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

- Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments:

Refusing Housing

(b)(6)(b)(7)(C)

Signature

Date: 11/26/21



The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 11/26/21

Inmate Detainee's Signature of Receipt: Retrom

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder

Copy to Inmate / Detainee



Incident ID:(b)(7)(E)

Informational Report

Report Date 09/03/2021 Incident Date 09/03/2021 Incident Time 21:35 Incident Location DN3 Officer
 Report Subject: Refuse Housing Reporting Officer: (b)(6)(b)(7)(C)

Inmates Involved:	Name	Housing Location	Booking Number
	(b)(6)(b)(7)(C)	GNE / 114 / 1	(b)(7)(E)

On Friday September 3, 2021 I was assigned as the Zone Three Lieutenant for the 1500-2300 hour shift. At approximately 2135 hours an incident took place involving ICE Detainee (b)(6)(b)(7)(C) I.D. # (b)(6)(b)(7)(C)

Officer (b)(6)(b)(7)(C) directed the Detainee to the sally port. I entered the D3 sally port and (b)(6)(b)(7)(C) followed my direction to turn around and place his hands behind his back. The Detainee was compliantly handcuffed from behind by Officer (b)(6)(b)(7)(C) and escorted to the Medical Department with incident. Once in the Medical Department the Detainee was evaluated by Medical Officer P (b)(6)(b)(7)(C) and approved for housing in segregation.

I attempted to interview the Detainee however he remained uncooperative with my questioning. (b)(6)(b)(7)(C) did verify that he had been neither assaulted nor threatened. He stated that he simply no longer wanted to remain in the Unit. I explained to the Detainee that he would be issued a disciplinary report for refusing his housing assignment.

(b)(6)(b)(7)(C) was escorted to Unit G without further incident. His property was packed, inventoried, and brought to Unit G (see attached form).

(b)(6)(b)(7)(C) _____ (b)(6)(b)(7)(C) _____ 9/3/21
 Officer Name Date

(b)(6)(b)(7)(C) _____ (b)(6)(b)(7)(C) _____ 9.3.21
 FSC Name Date

Shift Supervisor: (b)(6)(b)(7)(C)



Incident ID: (b)(7)(E)

Informational Report

Report Date 09/03/2021 Incident Date 09/03/2021 Incident Time 21:35 Incident Location DN3 Officer
Report Subject: Refuse Housing Reporting Officer: (b)(6)(b)(7)(C)

Inmates Involved:	Name	Housing Location	Booking Number
	(b)(6)(b)(7)(C)	GNE / 114 / 1	(b)(7)(E)

Sir, On 09/03/2021 I Officer (b)(6)(b)(7)(C) was assigned to CERT 3-4 for the 1500-2300 shift. At approximately (b)(6)(b)(7)(C) DN3 Officer (b)(6)(b)(7)(C) notified Lieutenant (b)(6)(b)(7)(C) that he had one refusing housing via radio. I responded to the DN3 slider with Lieutenant (b)(6)(b)(7)(C) and found Ice Detainee # (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) already waiting in the sallyport. (b)(6)(b)(7)(C) was ordered to turn around and place his hands behind his back by Lieutenant (b)(6)(b)(7)(C) and the slider was opened by central control. I applied handcuffs (double locked) and escorted the Detainee to the medical Department along with Lieutenant (b)(6)(b)(7)(C) An Ad-Seg Assessment was performed by Medical Officer (b)(6)(b)(7)(C) and he was then escorted to unit G without issue.

(b)(6)(b)(7)(C) _____ (b)(6)(b)(7)(C) 09/03/21
Officer Name Date

(b)(6)(b)(7)(C) _____ 9/3/21
FSC Name FSC Signature Date

Shift Supervisor: (b)(6)(b)(7)(C) Joseph

PROPERTY INVENTORY FORM

DATE: 9/13

INMATE'S NAME: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

PROPERTY RECEIVED FROM: _____

COUNTY ISSUED ITEMS

# of Items	ITEM DESCRIPTION	# of Items	ITEM DESCRIPTION	# of Items	ITEM DESCRIPTION
1	Property Bag	1	Pair Shower Shoes		Hygiene Kit
	Pairs of Uniform Pants	1	Facecloth		Bar Soap & Soap Dish
	Uniform Shirts	2	Towels		Roll of Toilet Paper
5	Underwear shorts	1	Laundry Bag		Pillow & Pillowcase
3	Pair Socks	1	Red Canteen Bag	1	Blanket
1	Pair Footwear (Sneakers or Croc Style)		Cleaning Towels	2	Sheets

ALLOWABLE ITEMS: CLOTHING / CANTEEN / HYGIENE & PERSONAL

# of Items	ITEM DESCRIPTION	# of Items	ITEM DESCRIPTION	# of Items	ITEM DESCRIPTION
	1 ITEM OF RELIGIOUS HEADWEAR		HAIR BRUSH		SWEAT PANT
	1 BIBLE OR KORAN		MIRROR		SWEAT SHIRT
	5 BOOKS OR MAGAZINES		NEWSPAPERS		TEETH
1	5" LEGAL MAIL	1	RADIO		THERMAL BOTTOM
	5" MAIL		RADIO BATTERIES		THERMAL TOP
1	BOWL	1	FOOTWEAR	1	TOOTH BRUSH
1	COMB		SOAP / BAR		TOOTHPASTE
	CONTACT LENSES		SOAP / DISH WASHING		TOWELS
1	CUP	1	SOAP DISH		UNDERPANT / BOXER / BRIEF
1	DEODORANT		SOCKS	42	UNDERSHIRT / T-SHIRT
	ENVELOPES		STAMPS		UTENSILS

ITEMS NOT LISTED: CLOTHING / CANTEEN / HYGIENE & PERSONAL

# of Items	ITEM DESCRIPTION	# of Items	ITEM DESCRIPTION
	MISCELLANEOUS HYGIENE ITEMS		
1	Deodorant		
20	Canteen		

Comments: _____

(b)(6)(b)(7)(C)

OFFICER'S SIGNATURE: _____ DATE: 09/13/21

OFFICER'S SIGNATURE: _____ DATE: _____

INMATE'S SIGNATURE: _____ DATE: _____

D

**Plymouth County Sheriff's Department
Plymouth County Correctional Facility**



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
 - a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: REFUSING A HOUSING ASSIGNMENT
CONDUCT WHICH DISRUPTS

2) Medical Officer (b)(6)(b)(7)(C) _____ was notified at 2135 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: _____

Shift Commander: CAPTAIN (b)(6)(b)(7)(C) **Signature:** (b)(6)(b)(7)(C)

Date: September 3, 2021 **Time:** 2135

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 9/7/21 **Time:** 0700 am / pm

Comments: _____
(b)(6)(b)(7)(C)

Superintendent or Designee: _____

Initial Segregation Assessment

(b)(6)(b)(7)(C)
#(b)(6)(b)(7)(C)

Inmate ID: (b)(6)(b)(7)(C)
SSN: (b)(6)(b)(7)(C)
DOB: (b)(6)(b)(7)(C)
Age: 28
Height: -
Weight: -
Agency: ICE

Location: Zone 3 : DN3 : 406 : 2
Race: -
Interviewer: (b)(6)(b)(7)(C) (09/03/2021 2143)

Location of segregation:		UnitG	
Notified by:		Lt. (b)(6)(b)(7)(C)	
Date: Time:			
1.	A Review of the Inmate's Medical Record was performed:	<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain:	
2.	Does the Inmate have any existing Medical, Mental Health, Dental conditions which contradict placement in Special Management Units?	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, explain	
	If Yes, refer to;	<input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Dental Provider	
3.	Does the Inmate take prescribed medication? (If yes transfer MAR)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
4.	Does the Inmate take psychotropic medication? (If yes, transfer MAR)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5.	Special diet:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
6.	Was the Inmate involved in an altercation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	If Yes, was the Inmate injured? Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	denied altercation
7.	Was medical treatment rendered or refused? Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8.	Is follow up care required? Explain.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If yes, refer to:	<input type="checkbox"/> Medical Provider <input checked="" type="checkbox"/> Mental health Provider <input type="checkbox"/> Dental Provider	
9.	Vital Signs:	Blood Pressure 142 sys 80 dia Pulse 84 beats per min Respirations breaths per min Temperature °F Weight lbs Height SPO2 98.0 %	
10.	Does the Inmate require a Mental Health Assessment? If yes, Explain.	<input checked="" type="radio"/> Yes <input type="radio"/> No	current MH TX. Denied SI/Hi

11.	Was a Mental Health referral completed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
12.	Has the Inmate been notified on how to access Medical care?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
13.	Was the Shift Commander notified of findings? If No, explain.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Medical Officer:	(b)(6)(b)(7)(C) RN	09/03/2021

9-21-57

Incident ID: (b)(7)(E)



Disciplinary Report

Report Date 09/15/2021 Incident Date 09/15/2021 Incident Time 21:55

Location: C3 Officer

Reporting Officer: (b)(6)(b)(7)(C)

Persons Involved:	Name	Housing Location	Involvement	Booking #	Inmate ID
	(b)(6)(b)(7)(C)	GNE / 118 / 2		(b)(7)(E)	(b)(6)(b)(7)(C)
	<u>Code Number of Rule(s) Violated</u>	<u>Offense Type</u>			
	08 - Conduct which disrupts	Major			
	01D - Refusing a housing assignment	Major			
	(b)(6)(b)(7)(C)	GNE / 118 / 1		(b)(7)(E)	(b)(6)(b)(7)(C)
	<u>Code Number of Rule(s) Violated</u>	<u>Offense Type</u>			
	-				

Report Subject: Refuse Housing

Statement of Offense:

Sir / Ma'am, I was assigned as the unit officer for C3 during the 1500-2300 shift when an incident occurred involving ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) which has caused the generation of this report. At approximately 21:55 hours during Major Standing Headcount, ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) approached the panel with his property and said that he was checking off. It was at this time that I opened the sally port and made a radio call on my department issued radio to Lt. (b)(6)(b)(7)(C) for one refusing housing. Lt. (b)(6)(b)(7)(C) and CERT officers made there way to the C3 sally port where they handcuffed and escorted ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

Respectfully Submitted, Officer (b)(6)(b)(7)(C) 1500-2300

Reporting Officer: (b)(6)(b)(7)(C)

Shift Supervisor: (b)(6)(b)(7)(C)

Signature (b)(6)(b)(7)(C)

Signature (b)(6)(b)(7)(C)

Disposition: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action X

Minor Sanction _____

Major Violation _____

Referred to D.A. _____

Investigation _____

Date Commenced _____

Disciplinary Officer:

Signature _____ Date (b)(6)(b)(7)(C)

Signature _____ Date _____

9/16/21



Incident ID: (b)(7)(E)

Informational Report

Report Date 09/15/2021 Incident Date 09/15/2021 Incident Time 22:00 Incident Location C3 Officer

Report Subject: Refuse Housing Reporting Officer: (b)(6)(b)(7)(C)

Inmates Involved:	Name	Housing Location	Booking Number
	(b)(6)(b)(7)(C)	GNE / 118 / 1	(b)(7)(E)
	(b)(6)(b)(7)(C)	GNE / 118 / 2	

Sir/Ma'am,

On the above date, while assigned as the Zone Three Lieutenant for the 1500-2300hrs shift, an incident occurred involving ICE Detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) that resulted in their removal from Unit C-3 for refusing a housing assignment and conduct which disrupts the orderly running of the institution.

At approximately 2200hrs, C-3 Unit Officer (b)(6)(b)(7)(C) notified me (Lieutenant (b)(6)(b)(7)(C)) that he had an inmate refusing housing in his sallyport. I approached the sallyport door and ordered Inmate (b)(6)(b)(7)(C) to turn around with his hands behind his back. Inmate (b)(6)(b)(7)(C) was compliant with all orders and restraints where applied where they were double locked.

While escorting Inmate (b)(6)(b)(7)(C) to the medical department, Officer (b)(6)(b)(7)(C) notified me of a second inmate refusing housing in the same unit. At this time Lieutenant (b)(6)(b)(7)(C) offered to take over the escort to the medical department, allowing myself to return to the third floor.

I approached the unit's sallyport and ordered inmate (b)(6)(b)(7)(C) to turn around with his hands behind his back. Restraints where applied and double locked without issue. Both inmates were brought down to the medical department and cleared to live in Unit G. They received their property and signed their property inventory sheet without issue.

I was able to speak with both inmates regarding their decision to refuse a housing assignment. Inmate (b)(6)(b)(7)(C) claimed to refuse housing to avoid "issues" in the unit but refused to say who those issues were with. Inmate (b)(6)(b)(7)(C) claimed to have no issues in the unit but said he refused housing because he was bored and that that unit was "chips."

Neither inmate appeared to have been in a physical altercation and both inmates were adamant that they were not threatened in any way. I informed them both that they would be receiving a disciplinary report for refusing housing and conduct which disrupts the orderly running of the facility. Both inmates said they understood.

Respectfully submitted,

Lieutenant (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

b(7)(C)

Officer Name

9/15/21
Date

(b)(6)(b)(7)(C)

FSC Name

9-15-21
Date

Shift Supervisor: (b)(6)(b)(7)(C)



Incident ID: (b)(7)(E)

Informational Report

Report Date	Incident Date	Incident Time	Incident Location
09/15/2021	09/15/2021	22:00	C3 Officer

Report Subject: Refuse Housing **Reporting Officer:** (b)(6)(b)(7)(C)

<u>Inmates Involved:</u>	<u>Name</u>	<u>Housing Location</u>	<u>Booking Number</u>
	(b)(6)(b)(7)(C)	GNE / 118 / 2	(b)(7)(E)

Sir/ Ma'am,

On Wednesday 9/15/2021 I was assigned CERT 3-3 on the 1500-2300 shift. At approximately 2200, Lt. (b)(6)(b)(7)(C) was contacted via radio that "Charlie 3" had one in the sally-port refusing housing. I accompanied Lt. (b)(6)(b)(7)(C) to the C3 sally-port where we met ICE Boston Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C). Lt. (b)(6)(b)(7)(C) ordered (b)(6)(b)(7)(C) to back up to the C3 outer slider and place his hands behind his back, Lt. (b)(6)(b)(7)(C) then called for central to open the C3 outer slider. Once the slider was opened myself and Lt. (b)(6)(b)(7)(C) entered into the sally-port and I applied handcuffs (double-locked). From there I escorted (b)(6)(b)(7)(C) to the Medical Department where Medical Officer Moore cleared him to live in Administrative Segregation. Mr. (b)(6)(b)(7)(C) was then escorted to unit G without issue where G-Floor Officers took over custody.

Respectfully submitted,
Officer (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Officer Name

9/15/2021

Date

(b)(6)(b)(7)(C)

FSC Name

9/15/21

Date

Shift Supervisor: (b)(6)(b)(7)(C)



Incident ID: (b)(7)(E)

Informational Report

Report Date **Incident Date** **Incident Time** **Incident Location**

09/15/2021 09/15/2021 22:00 C3 Officer

Report Subject: Refuse Housing

Reporting Officer: (b)(6)(b)(7)(C)

Inmates Involved:	<u>Name</u>	<u>Housing Location</u>	<u>Booking Number</u>
	(b)(6)(b)(7)(C)	GNE / 118 / 1	(b)(7)(E)

At 2200 hours Officer (b)(6)(b)(7)(C) called over the radio that an ICE Detainee was refusing housing in C3. I responded to the sally port door where ICE Detainee (b)(6)(b)(7)(C) was already in the sally port. Central control waited for Lt. (b)(6)(b)(7)(C) to arrive who had just removed another ICE Detainee for refusing housing. I applied handcuffs and escorted said detainee to medical and then unit G.

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Officer Name

09-15-21

Date

(b)(6)(b)(7)(C)

FSC Name

9/15/21

Date

Shift Supervisor: (b)(6)(b)(7)(C)



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (INS) DETAINEE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<i>Place an 'X' in the applicable box, articulate further information below.</i> <input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<i>Place an 'X' in the applicable box, articulate further information below.</i> <input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: **REFUSING A HOUSING ASSIGNMENT
CONDUCT WHICH DISRUPTS**

- 2) Medical Officer (b)(6)(b)(7)(C) was notified at 2155 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: **(b)(6)(b)(7)(C)**

Shift Commander: ADS (b)(6)(b)(7)(C) **Signature** _____
Date: September 15, 2021 **Time:** 2155

- 3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: _____ **Time:** _____ **am / pm**

Comments: _____

Superintendent or Designee: _____

Initial Segregation Assessment

(b)(6)(b)(7)(C)

Inmate ID: (b)(6)(b)(7)(C)
 SSN: (b)(6)(b)(7)(C)
 DOB: (b)(6)(b)(7)(C)
 Age: 28
 Height: -
 Weight: -
 Agency: ICE

Location: (b)(6)(b)(7)(C)
 Race: -
 Interviewer: (b)(6)(b)(7)(C) (09/15/2021 2206)

SEG : GNE : 118 : 2

Location of segregation:	G	
Notified by:	Shift Commander	
Date: Time:		09/15/2021 2204
1. A Review of the Inmate's Medical Record was performed:	<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain;	
2. Does the Inmate have any existing Medical, Mental Health, Dental conditions which contradict placement in Special Management Units?	<input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, explain	
If Yes, refer to;	<input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Dental Provider	
3. Does the Inmate take prescribed medication? (If yes transfer MAR)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
4. Does the Inmate take psychotropic medication? (If yes, transfer MAR)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5. Special diet:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
6. Was the Inmate involved in an altercation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If Yes, was the Inmate injured? Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
7. Was medical treatment rendered or refused? Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8. Is follow up care required? Explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, refer to:	<input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental health Provider <input type="checkbox"/> Dental Provider	
9. Vital Signs:	Blood Pressure <input type="text"/> sys <input type="text"/> dia Pulse <input type="text"/> beats per min Respirations <input type="text"/> breaths per min Temperature	refused

		Weight <input type="text"/> F <input type="text"/> lbs Height <input type="text"/> - - - <input checked="" type="checkbox"/> SPO2 <input type="text"/> %	
10.	Does the Inmate require a Mental Health Assessment? If yes, Explain.	<input checked="" type="radio"/> Yes <input type="radio"/> No	denied SI/HI. Referred to MH per protocol
11.	Was a Mental Health referral completed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
12.	Has the Inmate been notified on how to access Medical care?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
13.	Was the Shift Commander notified of findings? If No, explain.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Medical Officer:	(b)(6)(b)(7)(C) LPN	09/15/2021



Incident ID: (b)(7)(E)

Informational Report

Report Date 08/03/2021 Incident Date 08/03/2021 Incident Time 06:15 Incident Location GNE Officer
 Report Subject: Unauthorized Substance Reporting Officer: (b)(6)(b)(7)(C)

	<u>Name</u>	<u>Housing Location</u>	<u>Booking Number</u>
Inmates Involved:	(b)(6)(b)(7)(C)	GNE / 217 / 1	(b)(6)(b)(7)(C)
	(b)(6)(b)(7)(C)	GNE / 217 / 2	(b)(7)(E)

Sir,

While assigned as the 11-7 Lieutenant In Unit G an incident occurred that resulted in the writing of this report. At approximately 0615hrs I was made aware that the occupants in cell GNE217 were currently smoking. At this time I entered GNE with Officer's (b)(6)(b)(7)(C) and I was immediately struck with an overwhelming smell of "K2". As we made our way to the top tier it was extremely easy to pin point where the smell was coming from.

When I got to cell 217 (Ice Detainee) (b)(6)(b)(7)(C) was sitting on his toilet fully clothed with an item in his hand that he immediately dropped into the toilet. I explained to (b)(6)(b)(7)(C) and his cellmate (Ice Detainee) (b)(6)(b)(7)(C), (b)(6)(b)(7)(C) that the smoking down in unit G is out of hand and that we were coming into their cell to conduct a search. I opened the cell trap and handcuffed (double locked) inmate (b)(6)(b)(7)(C) followed by inmate (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Once the inmates were secured in handcuffs I signaled to G Control to open the door, the inmates were then pat searched and placed in the therapy pods in GNE219 while we conducted our search. While we were conducting a search there was ash all over the cell and burnt rolled up joints on the floor by the toilet. Once the search was complete I removed the contraband out of the cell and radioed for a Medical Officer to report to G Floor to check vitals.

The inmates were removed from the therapy pods in GNE and escorted to G Floor by Officer's (b)(6)(b)(7)(C) who had to both help the inmates down the stairs due to them being extremely under the influence of an unknown substance. When the Ice Detainees got to G Floor they were separated and placed in the G Floor Therapy pods to wait for Medical. At approximately 0645 Medical Officer (b)(6)(b)(7)(C) entered unit G and assessed both inmates and stated that their vitals were within the normal limits.

At this time I spoke with Assistant Superintendent (b)(6)(b)(7)(C) on a different matter but explained to him what was currently happening in unit G and He gave me the authorization to remove all the paper and books along with other items due to the inmate's misuse of their property. At this time I had Officer's (b)(6)(b)(7)(C) go back to the inmate's cell and take all there items except their linens. All the inmates' paperwork, books and magazines were bagged up separately and placed in the GNE219 until the IPS Department and the Assistant Superintendent went through all the items.

Due to the ongoing smoking issues throughout the entire jail and unit G both the individuals lost their recreation for 8/3/2021.

Respectfully Submitted,

Lieutenant (b)(6)(b)(7)

(b)(6)(b)(7)(C)

Officer Name

(b)(6)(b)(7)(C)

FSC Name

(b)(6)(b)(7)(C)

8/3/21
Date

8-3-21
Date

Shift Supervisor: (b)(6)(b)(7)(C)

8-21-14

Incident ID: (b)(7)(E)



Disciplinary Report

Report Date 08/04/2021 Incident Date 08/03/2021 Incident Time 06:15

Location: GNE Officer

Reporting Officer: (b)(6)(b)(7)(C)

Name	Housing Location	Involvement	Booking #	Inmate ID
(b)(6)(b)(7)(C)	GNE / 217 / 2	Participant	(b)(7)(E)	(b)(6)(b)(7)(C)
Code Number of Rule(s) Violated	Offense Type			
21 - Setting a fire	Major			
10D - Use of any unauthorized substance	Major			
08 - Conduct which disrupts	Major			

Report Subject: Unauthorized Substance

Statement of Offense:

Sir,

While assigned as the 11-7 Lieutenant in Unit G an incident occurred that resulted in the writing of this report. At approximately 0615hrs I was made aware that the occupants in cell GNE217 were currently smoking. At this time I entered GNE with Officer's (b)(6)(b)(7)(C) and I was immediately struck with an overwhelming smell of "K2". As we made our way to the top tier it was extremely easy to pin point where the smell was coming from.

When I got to cell 217 (Ice Detainee) (b)(6)(b)(7)(C) was sitting on his toilet fully clothed with an item in his hand that he immediately dropped into the toilet. I explained to (b)(6)(b)(7)(C) and his cellmate (Ice Detainee) (b)(6)(b)(7)(C) that the smoking down in unit G is out of hand and that we were coming into their cell to conduct a search. I opened the cell trap and handcuffed (double locked) inmate (b)(6)(b)(7)(C) followed by inmate (b)(6)(b)(7)(C).

Once the inmates were secured in handcuffs I signaled to G Control to open the door, the inmates were then pat searched and placed in the therapy pods in GNE219 while we conducted our search. While we were conducting a search there was ash all over the cell and burnt rolled up joints on the floor by the toilet. Once the search was complete I removed the contraband out of the cell and radioed for a Medical Officer to report to G Floor to check vitals.

The inmates were removed from the therapy pods in GNE and escorted to G Floor by Officer's (b)(6)(b)(7)(C) who had to both help the inmates down the stairs due to them being extremely under the influence of an unknown substance. When the Ice Detainees got to G Floor they were separated and placed in the G Floor Therapy pods to wait for Medical. At approximately 0645 Medical Officer (b)(6)(b)(7)(C) entered unit G and assessed both inmates and stated that their vitals were within the normal limits.

Once the inmates were cleared by medical they were returned to their cells with no issue.

Respectfully Submitted,

Lieutenant (b)(6)(b)(7)(C)

Reporting Office: (b)(6)(b)(7)(C)

Signature

Shift Supervisor (b)(6)(b)(7)(C)

Signature

Disposition of Evidence



Informational Report

Report Date 08/03/2021 Incident Date 08/03/2021 Incident Time 17:40 Incident Location GNE Officer
Report Subject: Unauthorized Substance Reporting Officer: (b)(6)(b)(7)(C)

Table with 3 columns: Name, Housing Location, Booking Number. Row 1: (b)(6)(b)(7)(C), ANTHON GNE / 109 / 1, (b)(7)(E). Row 2: (b)(6)(b)(7)(C), GNE / 217 / 2, (b)(7)(E).

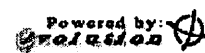
On Tuesday, August 3, 2021, an incident occurred while assigned as the Unit G Lieutenant for the 15:00-23:00 shift which necessitated the submission of this report. At approximately 17:40 Officer (b)(6)(b)(7)(C) informed me that while conducting med pass with Medical Officer (b)(6)(b)(7)(C) in GNE he noticed the overwhelming odor of smoke consistent with synthetic cannabinoid or "K2". Officer (b)(6)(b)(7)(C) continued to explain that the odor was emanating from cell NE217, in which Ice Detainee's (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were housed. He then told me that when they looked into the cell he noticed that Detainee (b)(6)(b)(7)(C) appeared to be under the influence of an unknown substance. Upon hearing this information I immediately entered the unit along with Officers (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) approached the cell, and ordered both detainee's to place their hands through the trap. Both Detainee's complied with my order at which time they were escorted onto G Floor, pat searched, and secured in therapy pods. Medical Officer (b)(6)(b)(7)(C) then assessed each detainee individually and informed me that it would be safe to return them to the unit.

As I spoke with each detainee it appeared as though (b)(6)(b)(7)(C) was under the influence of the substance but (b)(6)(b)(7)(C) was not. In an attempt to determine whether or not both detainee's had smoked I first escorted (b)(6)(b)(7)(C) into my office to interview him. I began by asking this detainee if he had smoked anything and he stated that he had not, however when I asked him if his cellmate had smoked he simply looked at the ground and remained silent. (b)(6)(b)(7)(C) then said "I don't want to get involved in his business, I just want my own cell so I don't get caught up in this". When our conversation ended I escorted him back into the therapy pod before directing (b)(6)(b)(7)(C) into the office. (b)(6)(b)(7)(C) still appeared to be under the influence as his eyes were bloodshot, his balance seemed impaired, and there was a noticeable slur in his speech. I also noticed this detainee's fingers were stained brown which was consistent with smoking. When I asked (b)(6)(b)(7)(C) if he had been smoking he initially denied it, however after pressing the issue he admitted to smoking what he "Thought was tobacco". When I was done speaking with this detainee I returned him to therapy pod as well.

While I interviewed the two detainee's the other G Floor officers thoroughly searched their cell, and when they were finished Officer (b)(6)(b)(7)(C) showed me a small, half smoked "Joint" he discovered. I determined this "Joint" was not tobacco as the inmate claimed and was in fact synthetic cannabinoid or "K2" because it consisted of a small paper wick rolled in rolling paper as is consistent with the manner this substance is smoked. I showed the "Joint" to (b)(6)(b)(7)(C) and he admitted that it was his. As a result of my investigation I felt it was likely that (b)(6)(b)(7)(C) had been the only detainee smoking in the cell so I decided to move (b)(6)(b)(7)(C) into a different room in order to isolate the habitual smoker. The previous shift had already removed these two detainee's property for their safety due to an earlier incident involving "K2", so I removed (b)(6)(b)(7)(C) canteen bag from his cell which he recieved after his property had been confiscated and placed it with the rest of it. Both detainees were then returned to their cells without further incident.

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 8/3/21
Officer Name Date
(b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 8-3-21
FSC Name Date

Shift Supervisor: (b)(6)(b)(7)(C)



Inmate: (b)(6)(b)(7)(C)

Screen: Incidents

Date/Time: 09/03/2021 21:55

Author: (b)(6)(b)(7)(C)

Sir,

At approximately 2135 hours an incident occurred resulting in this report. While in DN3 for the 1500-2300 hour post Plymouth County ICE Detainee (b)(6)(b)(7)(C) #^{(b)(6)(b)(7)(C)} approached the panel and informed me that he feared for his life and wanted out of the unit. I then told him to wait in the sally port while I informed LT ^{(b)(6)(b)(7)(C)} of the situation. Moments later LT ^{(b)(6)(b)(7)(C)} showed up with Officer ^{(b)(6)(b)(7)(C)} ^{(b)(6)(b)(7)(C)} compliantly handcuffed and was taken to GNE

Respectfully submitted

Officer ^{(b)(6)(b)(7)(C)}



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 11/26/2021
Incident Date
Incident Time
Booking Number: (b)(7)(E)
Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement:

Housing Location: GNE / 112 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 01D - Refusing a housing assignment, 08 - Conduct which disrupts, 02 - Violating any rule or regulation.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated
Offense Type

Report Subject: Refuse Housing

Statement of Offense:

Sir/Ma'am
On November 26th, 2021 while assigned as the C3 Unit Officer on the 3-11 shift, an incident occurred with Federal I.C.E. Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) which prompted the submission of this report.
At 1608 hrs, I was notified by inmate (b)(6)(b)(7)(C) that he will be checking off the unit. He stated that his bags are already packed and there are no issues. Shortly after Lt. (b)(6)(b)(7)(C) and 2 Cert officers came to remove (b)(6)(b)(7)(C) along with his property and escort him to G.
Respectfully submitted,
Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C)
Signature
Shift Supervisor: (b)(6)(b)(7)(C)
Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action
Referred to D.A.
Minor Sanction
Investigation
Major Violation
Date Commenced

Disciplinary Officer:
Signature
Date

Reviewing Authority (print name):



**Plymouth County Correctional Facility
Disciplinary Report**

Incident ID: (b)(7)(E)

Report Date **Incident Date** **Incident Time**
11/26/2021

Booking Number: (b)(7)(E) **Inmate ID:** (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)

Location: C3 Officer

Involvement:

Housing Location: GNE / 112 / 1

Reporting Officer: (b)(6)(b)(7)(C)

Signature

Date:

Inmate Name: (b)(6)(b)(7)(C)
Location: Zone 3- DN3
Reporting Officer: (b)(6)(b)(7)(C)
Offense: 10D

Statement:

On Sunday, August 1, 2021, while assigned as the Zone 3 Lieutenant for the 1500-2300 shift an incident occurred with Boston ICE Detainee (b)(6)(b)(7)(C) #79677

I was notified over the radio by Officer (b)(6)(b)(7)(C) who was assigned in DN3, that he need a Lieutenant and Cert into DN3. I immediately responded to DN3 with available Cert. When I arrived in DN3, I saw Officer (b)(6)(b)(7)(C) standing outside of cell 401. I then asked Officer (b)(6)(b)(7)(C) about the situation. Officer (b)(6)(b)(7)(C) informed me that he had caught (b)(6)(b)(7)(C) smoking an unknown substance in cell 401. I then secured all inmates in their assigned cells. I then went up to cell 401 and asked (b)(6)(b)(7)(C) what he was smoking. (b)(6)(b)(7)(C) looked at me and said, "Nothing." I noticed (b)(6)(b)(7)(C)'s eyed were extremely glossy and seemed to be unsteady on his feet. I then asked (b)(6)(b)(7)(C) what he was smoking and told him not to lie to me. (b)(6)(b)(7)(C) then said, "It was just a little tobacco." I then ordered (b)(6)(b)(7)(C) to turn around and place his hands behind his back to be handcuffed, to which he complied.

I then asked (b)(6)(b)(7)(C) if he would conduct a drug test, to which he complied. During the process of urinating in the drug test cup, (b)(6)(b)(7)(C) informed that that he could not urinate at this time. I then informed (b)(6)(b)(7)(C) that he had an hour to produce a urine sample or it would be taken as a refusal to produce a urine sample.

An hour later I went to Unit G to given (b)(6)(b)(7)(C) another opportunity to provide me with a urine sample. (b)(6)(b)(7)(C) told me, "I still can't go." I then informed (b)(6)(b)(7)(C) that he would be receiving a disciplinary report for refusing to provide a urine sample.

Informational Report Report

Report Date: 8/1/2021**Incident Date/Time:** 8/1/2021 21:32**Booking Number:****Inmate ID:** (b)(6)(b)(7)(C)**Inmate Name:** (b)(6)(b)(7)(C)**Location:** Zone 3- DN3**Reporting Officer:** (b)(6)(b)(7)(C)**Offense:** 10D**Statement:**

On Sunday, August 1, 2021, while assigned as the Zone 3 Lieutenant for the 1500-2300 shift an incident occurred with Boston ICE Detainee (b)(6)(b)(7)(C)

I was notified over the radio by Officer (b)(6)(b)(7)(C) who was assigned in DN3, that he need a Lieutenant and Cert into DN3. I immediately responded to DN3 with available Cert. When I arrived in DN3, I saw Officer (b)(6)(b)(7)(C) standing outside of cell 401. I then asked Officer (b)(6)(b)(7)(C) about the situation. Officer (b)(6)(b)(7)(C) informed me that he had caught (b)(6)(b)(7)(C) smoking an unknown substance in cell 401. I then secured all inmates in their assigned cells. I then went up to cell 401 and asked (b)(6)(b)(7)(C) what he was smoking. (b)(6)(b)(7)(C) looked at me and said, "Nothing." I noticed (b)(6)(b)(7)(C)'s eyed were extremely glossy and seemed to be unsteady on his feet. I then asked (b)(6)(b)(7)(C) what he was smoking and told him not to lie to me. (b)(6)(b)(7)(C) then said, "It was just a little tobacco." I then ordered (b)(6)(b)(7)(C) to turn around and place his hands behind his back to be handcuffed, to which he complied. I then placed (b)(6)(b)(7)(C) in handcuffed and they were double locked. Officer (b)(6)(b)(7)(C) and I conducted a pat search for contraband with negative findings. Officer (b)(6)(b)(7)(C) and I then escorted (b)(6)(b)(7)(C) out of DN3 to the medical department where Medical Officer (b)(6)(b)(7)(C) conducted an Administrative Segregation Assessment and cleared (b)(6)(b)(7)(C) to be housed in Unit G. During the assessment, (b)(6)(b)(7)(C) began to slightly shake and complain that he was cold. Due to the fact that he was caught smoking an unknown substance, I asked Medical Officer (b)(6)(b)(7)(C) to check (b)(6)(b)(7)(C) vitals. Medical Officer (b)(6)(b)(7)(C) could not get an accurate blood pressure due to (b)(6)(b)(7)(C) shaking. Medical Officer (b)(6)(b)(7)(C) informed me that (b)(6)(b)(7)(C) could be housed in Unit G. (b)(6)(b)(7)(C) was then escorted to Unit G with no issues. I then asked (b)(6)(b)(7)(C) if he would conduct a drug test, to which he complied. During the process of urinating in the drug test cup, (b)(6)(b)(7)(C) informed that that he could not urinate at this time. I then informed (b)(6)(b)(7)(C) that he had an hour to produce a urine sample or it would be taken as a refusal to produce a urine sample.

An hour later I went to Unit G to given (b)(6)(b)(7)(C) another opportunity to provide me with a urine sample. (b)(6)(b)(7)(C) told me, "I still can't go." I then informed (b)(6)(b)(7)(C) that he would be receiving a disciplinary report for refusing to provide a urine sample.

D-Report Report

Report Date: 8/1/2021

Incident Date/Time: 8/1/2021 19:30

Booking Number:

Inmate ID: (b)(6)(b)(7)(c)

Inmate Name: (b)(6)(b)(7)(C)

Location: Zone 3- DN3

Reporting Officer: (b)(6)(b)(7)(C)

Offense: 10M

Statement:

Sir, I officer (b)(6)(b)(7)(C) am writing this report because of an incident that occurred while on my post in DN3 during my 1500-2300hour shift.

At approximately 1930hours on Sunday August 1st 2021, while on my rounds, I noticed Plymouth County ICE detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(c) with his back to me and his hands up to his mouth. When I noticed him put something down that looked like a tube, I questioned what he was doing and that is when he responded "nothing". He also had a battery in his hand that was hot. When I picked up the tube, of what use to be a pen, and asked what he was using it for he responded by saying " I never touched that" and it was at that point I notified LT (b)(6)(b)(7)(C). Moments later LT (b)(6)(b)(7)(C) entered the unit with Cert Officers, and after questioning (b)(6)(b)(7)(C) handcuffed him and escorted him to G floor without incident. Cell DN401 was then searched and (b)(6)(b)(7)(C) property was bagged and sent to G floor.

Respectfully submitted

Officer (b)(6)(b)(7)(C)



Plymouth County Correctional Facility

Informational Report Report

Report Date: 8/3/2021

Booking Number:

Inmate Name: (b)(6)(b)(7)(C)

Location: SEG- GNE

Offense:

Incident Date/Time: 8/3/2021 06:15

Inmate ID: (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C)

Statement:

Sir,

While assigned as the 11-7 Lieutenant in Unit G an incident occurred that resulted in the writing of this report. At approximately 0615hrs I was made aware that the occupants in cell GNE217 were currently smoking. At this time I entered GNE with Officer's (b)(6)(b)(7)(C) and I was immediately struck with an overwhelming smell of "K2". As we made our way to the top tier it was extremely easy to pin point where the smell was coming from.

When I got to cell 217 (Ice Detainee) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was sitting on his toilet fully clothed with an item in his hand that he immediately dropped into the toilet. I explained to (b)(6)(b)(7)(C) and his cellmate (Ice Detainee) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Michael (b)(6)(b)(7)(C) that the smoking down in unit G is out of hand and that we were coming into their cell to conduct a search. I opened the cell trap and handcuffed (double locked) inmate (b)(6)(b)(7)(C) followed by inmate (b)(6)(b)(7)(C) (b)(6)(b)(7)(C).

Once the inmates were secured in handcuffs I signaled to G Control to open the door, the inmates were then pat searched and placed in the therapy pods in GNE219 while we conducted our search. While we were conducting a search there was ash all over the cell and burnt rolled up joints on the floor by the toilet. Once the search was complete I removed the contraband out of the cell and radioed for a Medical Officer to report to G Floor to check vitals.

The inmates were removed from the therapy pods in GNE and escorted to G Floor by Officer's (b)(6)(b)(7)(C) who had to both help the inmates down the stairs due to them being extremely under the influence of an unknown substance. When the Ice Detainees got to G Floor they were separated and placed in the G Floor Therapy pods to wait for Medical. At approximately 0645 Medical Officer (b)(6)(b)(7)(C) entered unit G and assessed both inmates and stated that their vitals were within the normal limits.

At this time I spoke with Assistant Superintendent (b)(6)(b)(7)(C) on a different matter but explained to him what was currently happening in unit G and He gave me the authorization to remove all the paper and books along with other items due to the inmate's misuse of their property. At this time I had Officer's (b)(6)(b)(7)(C) go back to the inmate's cell and take all there items except their linens. All the inmates' paperwork, books and magazines were bagged up separately and placed in the GNE219 until the IPS Department and the Assistant Superintendent went through all the items.

Due to the ongoing smoking issues throughout the entire jail and unit G both the individuals lost their recreation for 8/3/2021.

Special Management Unit

ICE Detainee Segregation Order

Date: 6/7/22 ID#: (b)(6)(b)(7)(C)
Name: (b)(6)(b)(7)(C) A-Number: _____

Date Assigned to Unit: 6/5/22 Housing Assignment: B-UU

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classifido para Alojamento Permanente
 - Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 - Pending Classification / La Clasificación pendiente / Classificação pendente
 - Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar
- Start Date: _____ End Date: _____
- Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial
- Date: _____ Time: _____

Comments: Pending Reclass

Signature: (b)(6)(b)(7)(C) Date: 6/5/22

The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 6/5/22

Inmate Detainee's Signature of Receipt: Refused To Sign

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: InmateRecords Folder

Copy to Inmate / Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Med/High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 06/05/2022

3. Date of Disciplinary Proceeding (If Applicable):
N/A (protective custody)

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input checked="" type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On June 5, 2022, (b)(6)(b)(7)(C) was removed from general population and housed in administrative segregation for claiming to be a victim of threats. Investigation determined that (b)(6)(b)(7)(C) had initiated the issues with several detainees inside the unit. Keep separate alerts were added. (b)(6)(b)(7)(C) remains in administrative segregation (protective custody) for his safety pending a transfer to another facility.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A.

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

ICE/ERO is currently pursuing options to transfer ^{(b)(6)(b)(7)(C)} to another facility. Transfer request is pending.

Additional Comment:

N/A.

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

On May 28, 2021, at San Luis, AZ, (b) (7)(C), (b) (6) entered the U.S. without admission or parole after inspection by an immigration officer. U.S. Border Patrol arrested (b) (7)(E) served an expedited removal, and turned him over to ERO.

On July 1, 2021, ERO Florence removed (b) (7)(E) to Brazil.

On August 9, 2021, at San Luis, AZ, (b) (7)(E) entered the U.S. without admission or parole after inspection by an immigration officer. U.S. Border Patrol arrested (b) (7)(E) served a reinstatement of a prior removal order, and turned him over to ERO.

ICE Review of Segregation Cases

On August 20, 2021, ERO Florence released (b) (7)(E) on OSUP.

On April 18, 2022, ERO Boston CAP encountered (b) (7)(E) after his arrest by the Fall River Police.

On April 20, 2022, subject served OSUP Revocation paperwork.

On May 11, 2022, TD request sent to the Consulate.

On May 18, 2022, subject interviewed by Consulate at PCCF. Subject refused to authorize the Consulate to issue the TD.

On May 19, 2022, subject served I-229.

On May 26, 2022, subject served Notice of Failure to Comply pursuant to 8 CFR 241.1(g) at PCCF.

On May 31, 2022, Consulate call (2nd) conducted from PCCF.

On June 2, 2022, subject served Notice to Alien of File Custody Review.

On June 2, 2022, Consulate will move forward with Certificate of Nationality.

On June 16, 2022, follow up with Consulate regarding Certificate of Nationality. Consulate advised no update.

CRIMINAL HISTORY:

On April 18, 2022, the Fall River Police arrested (b) (7)(E) and charged him with assault and battery on a household member. (b) (7)(E) will be arraigned on Tuesday, April 19 at Fall River District Court.

11

(b)(6)(b)(7)(C)

12. Date: 6/17/22



Incident ID: (b)(7)(E)

Informational Report

Report Date 06/05/2022 **Incident Date** 06/05/2022 **Incident Time** 16:00 **Incident Location** C3
Report Subject: Inmate Misconduct **Reporting Officer:** (b)(6)(b)(7)(C)

Inmates Involved:	<u>Name</u>	<u>Housing Location</u>	<u>Booking Number</u>
	(b)(6)(b)(7)(C)	GNW / 210 / 1	(b)(7)(E)
	(b)(6)(b)(7)(C)	GNW / 213 / 1	

On Sunday, June 5, 2022, while assigned as the Zone 3 Lieutenant for the 1500-2300 shift an incident occurred with Boston ICE Detainees (b)(6)(b)(7)(C)

At approximately 1530 hours, Officer (b)(6)(b)(7)(C) who was assigned to C3, informed me that (b)(6)(b)(7)(C) tried talking to him but did not speak any English. (b)(6)(b)(7)(C) then made a fist and punched his hand, gesturing a fight. Officer (b)(6)(b)(7)(C) then notified me of the situation and I told him to send (b)(6)(b)(7)(C) out to the Zone 3 office. Once (b)(6)(b)(7)(C) arrived in the Zone 3 office, I utilized the language line to interview him about the situation. I spoke with a Portuguese translator with ID number (b)(6)(b)(7)(C) While using the language line I asked (b)(6)(b)(7)(C) to explain to me what was going on in the unit. (b)(6)(b)(7)(C) told me that there was an argument on the rec deck about who got to play hand ball and football. (b)(6)(b)(7)(C) continued to tell me after the argument on the rec deck Detainee (b)(6)(b)(7)(C) threatened him and tried to fight him in his cell. I then asked (b)(6)(b)(7)(C) if he was assaulted at any time, to which he said, "No." I then asked (b)(6)(b)(7)(C) if he felt safe being housed back in the unit. (b)(6)(b)(7)(C) told me that if (b)(6)(b)(7)(C) was removed then he would feel safe in the unit but he did not feel safe with (b)(6)(b)(7)(C) in the unit. I then sent (b)(6)(b)(7)(C) back to C3 with no issues.

I then went to C3 with available Cert officers to remove (b)(6)(b)(7)(C) for threats to another inmate. When we arrived in C3, I went to cell 428, which housed (b)(6)(b)(7)(C) I asked (b)(6)(b)(7)(C) if he spoke English to which he said, "Yes, a little." I then explained to (b)(6)(b)(7)(C) that he was being removed from the unit for threats to another inmate. I then ordered (b)(6)(b)(7)(C) to turn around to be handcuffed, to which he complied. Officer (b)(6)(b)(7)(C) placed (b)(6)(b)(7)(C) in handcuffs and they were double locked. (b)(6)(b)(7)(C) was then escorted to the C3 dayroom, where Medical Officer (b)(6)(b)(7)(C) conducted an Administrative Segregation Assessment and cleared (b)(6)(b)(7)(C) to be housed in Unit G. (b)(6)(b)(7)(C) was then escorted to Unit G with no issue.

During the escort I explained to (b)(6)(b)(7)(C) that he would be receiving a disciplinary report for threats to another inmate. (b)(6)(b)(7)(C) then told me that (b)(6)(b)(7)(C) was trying to fight him in the cell over handball. (b)(6)(b)(7)(C) continued to tell me that (b)(6)(b)(7)(C) has been starting issues with other detainees all week. (b)(6)(b)(7)(C) told me that I could ask all the detainees in the unit about (b)(6)(b)(7)(C) and they would all say that he starts arguments with everyone.

While in C3, Officer (b)(6)(b)(7)(C) informed me that when (b)(6)(b)(7)(C) came back into the Unit from speaking with me, the unit began kicking the door and calling (b)(6)(b)(7)(C) a "rat." I informed Officer (b)(6)(b)(7)(C) that I would also be removing (b)(6)(b)(7)(C) for his own safety.

I then had (b)(6)(b)(7)(C) come back to the Zone 3 Office to utilize the language line. While utilizing the language line, I informed (b)(6)(b)(7)(C) that he would be removed from C3 and housed in Unit G on a pending reclassification status. I explained to (b)(6)(b)(7)(C) that he was not being removed as a disciplinary issue but I could not leave him in the unit for his own safety. (b)(6)(b)(7)(C) understood my decision. I then explained to (b)(6)(b)(7)(C) the process of going to Unit G. I explained to (b)(6)(b)(7)(C) that the medical officer would ask him a series of questions and then once the questions were answered, he would be placed in handcuffs behind his back. He would then be escorted to Unit G, where the handcuffs would be removed and he would be conducted a strip search down to his boxer shorts. Once the strip search was completed, he would sign a couple ICE forms and then be escorted to a cell in Unit G. (b)(6)(b)(7)(C) told me that he understood the process. Medical Officer (b)(6)(b)(7)(C) conducted an Administrative Segregation Assessment using the language line. Once Medical Officer (b)(6)(b)(7)(C) was finished the call was ended. (b)(6)(b)(7)(C) was then placed in handcuffed by Officer (b)(6)(b)(7)(C)

The handcuffs were double locked and (b)(6)(b)(7)(C) was escorted to Unit G with no issue.

I then spoke to Officer (b)(6)(b)(7)(C) and he informed me that during chow in C3, a majority of the detainees were relieved that (b)(6)(b)(7)(C) was removed from the unit because he has been starting arguments and having issues with most detainees housed in C3.

All property was inventoried and brought to Unit G. (See property inventory forms)
 Keep separates were added in OMS.

(b)(6)(b)(7)(C) _____
 Officer Name
 (b)(6)(b)(7)(C) _____
 FSC Name

(b)(6)(b)(7)(C) 6/5/22
 Date
 6/5/22
 Date



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C) ID#: (b)(6)(b)(7)(C)

From: D-Boards Date: 6-5-20

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts,...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA..
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the security and orderly running of the institution and / or for other reasons as described below:

Your placement on ASO status will be reviewed within the next 30 days.

+++++ (b)(6)(b)(7)(C) +++++

Signed _____ Title: Captain

A copy of this (b)(6)(b)(7)(C) named inmate.
Staff signature _____ date: 6-5-20 time: 1440



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID# (b)(6)(b)(7)(C)

From: Special Investigations Unit

Date: 5/7/2020

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the investigation or the hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication...
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the security and orderly running of the institution and / or for other reasons as described below.

Pending SIU Investigation

+++++

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signed: (b)(6)(b)(7)(C) Title: Sergeant

A copy of t	named inmate.
Staff signa	Date: <u>5/7/20</u> Time: <u>1500</u>

To: (b)(6)(b)(7)(C)

From: _____

Title: CTT / STU

Detain _____

A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- _____ (B) Is under medical observation (medical staff must comment and sign this Order).
- _____ (C) Is pending a transfer or release within 24 hours.
- _____ (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- _____ (E) Is a security risk to him/herself or the security of the facility.
- _____ (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do[] do not [] request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

ICE B DISTURBANCE 5/1/00
PENDING MEDICAL SCREENING ON 5/1/00 ALSO ACTIVATED 5/1/00

Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date): _____

Title: _____
Time: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
D. Board Review not done- Investigation pending.

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (I.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

(b)(6)(b)(7)(C),

12. Reviewing Supervisory Officer: AFOD^{(b)(6)(b)(7)(C)}

13. Date: 5/30/2020

**Plymouth County Sheriff's Department
Plymouth County Correctional Facility**



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) INMATE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input checked="" type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input checked="" type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Other: List below

Comments: UNIT G/REST CHAIR/BKG ASSAULTIVE

2) Medical Officer (b)(6)(b)(7)(C) was notified at 0830 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C)

Shift Commander:
ADS (b)(6), (b)(7)(C)

Signature: _____

Date: June 5, 2021 **Time:** 0830

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 6-7-21 **Time:** 0830 am / pm

Comments: _____

Superintendent or Designee: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date

06/05/2021

Incident Date

Incident Time

Name/Event: (b)(6)(b)(7)(C)
Incident Location: DN3 Officer

Booking Number: (b)(7)(E)
Housing Location: GNE / 113 / 1

Persons Involved: (b)(6)(b)(7)(C)

Report Subject: Fight / Assault Staff Reporting Officer: (b)(6)(b)(7)(C)

On Saturday 6/5/2021 I was the extra Lieutenant when an incident occurred involving ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) being removed from DN3. At approximately 8:10 Officer (b)(6)(b)(7)(C) (DN3 Officer) called for a Zone 3 Lieutenant to respond to DN3. Lt. (b)(6)(b)(7)(C) (Zone 3 LT) was dealing with a separate issue so I reported to DN3 with CERT Officers (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Once is DN3 Officer (b)(6)(b)(7)(C) explained to me he had just gotten an detainee on the move list and the detainee in DN307 was refusing to let him move in. I approached DN307 and observed a detainee lying down in the bottom bunk on the right hand side. The door was opened and I went in to the cell to explain to (b)(6)(b)(7)(C) that someone was moving into his cell. (b)(6)(b)(7)(C)

immediately sat up in his bunk and became argumentative, yelling about a Captain that told him he does not to have a cellmate and how he has a medical pass for no cellmate and an extra mattress.

After several minutes of attempting to explain the situation and deescalate (b)(6)(b)(7)(C) it became apparent the Detainee was not going to cooperate with the movement. I then ordered (b)(6)(b)(7)(C) to stand up and place his hands behind his back because he was being removed from the unit for refusing housing. (b)(6)(b)(7)(C) jumped up in an aggressive manner and lunged at me while screaming incoherently. I grabbed hold of (b)(6)(b)(7)(C) right arm and turned him around and placed him against the back wall of the cell. Officers (b)(6)(b)(7)(C) successfully handcuffed (double locked) the Detainee after attempted to pull away from being handcuffed.

While escorting the Detainee out of the unit, he became resistant and attempted pull away from officers. (b)(6)(b)(7)(C) was placed against the wall while a restraint chair was brought in for transportation out of the unit. Once the chair was in place, (b)(6)(b)(7)(C) was sat down in the chair when he suddenly became violent and out of control. The Detainee attempted to kick officers and did spit in the faced of LT. (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) Leg irons and a spit shield were brought into the unit and applied. I placed the spit shield in the Detainee.

Once restrained properly, (b)(6)(b)(7)(C) was transported to Booking where Lt. (b)(6)(b)(7)(C) began video recording. I introduced myself, time and date and all staff present. As I was attempting to explain events leading up to the current situation, (b)(6)(b)(7)(C) kept screaming in English and Spanish, threatening myself and all staff present. Medical Officer (b)(6)(b)(7)(C) checked (b)(6)(b)(7)(C) vitals which fell within normal range and staff rechecked all restraints. Due to (b)(6)(b)(7)(C) constant threats and violent, out of control behavior, ADS Giove decided the Detainee would be left in the restraint chair in cell R114 for a cool down period of two hours.

At approximately 10:15, myself with CERT Officers (b)(6)(b)(7)(C) along with Medical Officer (b)(6)(b)(7)(C) with LT. (b)(6)(b)(7)(C) video taping arrived in booking. I introduced myself, time and date and all staff present and gave a brief synopsis of events leading up to the current time. I entered R114 and spoke to Detainee (b)(6)(b)(7)(C) to assess his current demeanor. (b)(6)(b)(7)(C) had calmed down by this point and agreed to comply with all orders. Medical Officer (b)(6)(b)(7)(C) check (b)(6)(b)(7)(C)

vital signs which fell within normal range. I then directed Officers (b)(6)(b)(7)(C) to release the leg and shoulder restraints and informed (b)(6)(b)(7)(C) that we would be transporting him to Unit G, the waist restraint was still on. Once in Unit G, (b)(6)(b)(7)(C) was assisted into a strip cage and all restrains were removed. (b)(6)(b)(7)(C) denied any injuries and no staff reported any injuries.

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date

06/05/2021

Incident Date

06/05/2021

Incident Time

13:03

Name/Event: (b)(6)(b)(7)(C)
Incident Location: DN3 Officer

Booking Number: (b)(7)(E)
Housing Location: GNE / 113 / 1

Persons Involved: (b)(6)(b)(7)(C)

Report Subject: Fight / Assault Staff Reporting Officer: (b)(6)(b)(7)(C)

Sir,
On Saturday, June 5, 2021 I, (b)(6)(b)(7)(C) was the Lieutenant assigned to Unit G for the 0700-1500hrs shift. At approximately 0815hrs there was a radio transmission requesting the third floor Lieutenant to contact housing unit DN3. Lt. (b)(6)(b)(7)(C) was assigned as the Zone Three Lieutenant on this day and after his phone call stated that there were some issues with new housing assignments in DN3 and now DS3. Lt. (b)(6)(b)(7)(C) who was the unassigned Lieutenant for today's shift stated that he would handle the issue in DN3. Please note that prior to this there was a move list conducted out of C1 for the ICE detainees that had cleared the quarantine period. Seeing as how there was now an issue in two separate ICE Detainee units I reported to DN3 to assist (b)(6)(b)(7)(C)

During this incident it was determined by ICE Detainee (b)(6)(b)(7)(C) noncompliant actions that he needed to be placed into the safety restraint chair due to his violent and out of control behavior. This was all captured on CCTV recording from the DN3 dayroom camera. While (b)(6)(b)(7)(C) was being transported to the booking department I retrieved the handheld camera from Unit G. Once in the booking department at approximately 0830hrs I recorded on handheld camera Lt. (b)(6)(b)(7)(C) give a brief introduction, Medical Officer (b)(6)(b)(7)(C) medically evaluate, Officers A. Jones, (b)(6)(b)(7)(C) and Medical Officer (b)(6)(b)(7)(C) check all the restraints and straps for proper placement. This was conducted without incident.

At approximately 1020hrs I assisted (b)(6)(b)(7)(C) by recording in its entirety (b)(6)(b)(7)(C) being transported from the booking department and brought to Unit G. When we arrived in Unit G (b)(6)(b)(7)(C) Abreu was removed from the safety restraint chair and cleared medically to be housed in Unit G by Medical Officer (b)(6)(b)(7)(C) The handheld camera was then delivered to the IPS department for documentation.

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

Special Management Unit

ICE Detainee Segregation Order

Date: 6/9/21 ID#: (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

Name: _____ A-Number: _____

Date Assigned to Unit: 6/5/21 Housing Assignment: GNE113

Reason:

- Classified for Permanent Housing / Clasifido para el Albergue Permanente / Clasifido para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention / Sirviendo detención disciplinaria / Cumprindo detenção disciplinar

Comments: Hearing Date Today - 30 Days D/D - credited 4 days of D/D - max

Signature: Compute 7/4/2021
(b)(6)(b)(7)(C) Date: 6/9/21

The _____ of the Segregation Order.
Signature: (b)(6)(b)(7)(C) Date: 6/9/21

Inmate Detainee's Signature of Receipt: X Refused

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

Special Management Unit

ICE Detainee Segregation Order

Date: 9/19/22
Name: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)
A-Number: _____

Date Assigned to Unit: 9/19/22

Housing Assignment: GNE

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

- Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments:

Cleared QS on 9/19/22
Disobeying an order
conduct which disrupts
violating any rules or regulations

Signature: (b)(6)(b)(7)(C) _____ Date: 9/19/22
Supervisor

- The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) _____ Date: 9/19/22
al

Inmate Detainee's Signature of Receipt: Refused

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder

Copy to Inmate / Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 09/08/2022

3. Date of Disciplinary Proceeding (If Applicable):
9/9/22

4. Length of Disciplinary Sanction (If Applicable):
10 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On September 8, 2022, detainee was removed from general population and placed in restrictive housing for manufacture/possession of an alcoholic substance.

On September 9, 2022, ^{(b)(6)(b)(7)(C)} was issued 5 days disciplinary detention for current incident, and 5 days disciplinary detention was suspended from his 8/22/22 incident.

On September 17, 2022, ^{(b)(6)(b)(7)(C)} was moved from the segregation unit back to general population having finished his disciplinary time. Upon arriving in the general population unit, ^{(b)(6)(b)(7)(C)} began yelling and disobeying the unit officer. ^{(b)(6)(b)(7)(C)} was removed from the unit for disobeying an order, conduct which disrupts, and violating any rule or regulation. While in route to the segregation unit ^{(b)(6)(b)(7)(C)} began making comments regarding suicide. ^{(b)(6)(b)(7)(C)} was rerouted to the booking department and placed on mental health watch. ^{(b)(6)(b)(7)(C)} became irate and non-compliant resulting in a Use of Force incident (OC deployment).

ICE Review of Segregation Cases

On September 19, 2022, ^{(b)(6)(b)(7)(C)} was cleared from mental health watch and housed in administrative Segregation pending a hearing with the Disciplinary Board.

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

^{(b)(6)(b)(7)(C)} is diagnosed with Unspecified Depressive Disorder and Unspecified Psychotic Disorder.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

MH Statement: This writer ^{(b)(6)(b)(7)(C)} LICSW, met with detainee ^{(b)(6)(b)(7)(C)} ^{(b)(6)(b)(7)(C)} on September 21, 2022. This detainee presented as stable and was able to maintain his behavioral control during this assessment. Detainee had good eye contact, was appropriately groomed, euthymic with congruent affect. Detainee denied thoughts of SI/HI and there was no evidence of psychosis observed or reported at this time. Detainee was purposeful in his behavior and his mental health disorder did not have any impact on his behavior.

Additional Comment: N/A

ICE Review of Segregation Cases

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

11/13/1997: admitted to the United States at Miami, FL as a LPR F23.

3/2/2018: Issued Notice to Appear.

11/23/2021: Alien is taken into ICE custody.

4/13/2022: Immigration Judge ordered excluded/deported/removed.

4/29/2022: Alien filed appeal with BIA.

9/8/2022: BIA appeal still pending.

9/9/2022: BIA dismissed appeal. Subject has final order of removal.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 08/07/18 PD: BRO COURT: PLYMOUTH SUPERIOR DKT#: (b) (7)(E)

OFF: A&B DANGEROUS WEAPON A&B DW

STATUS: C WPD: WDT:

DISP: C 3/4/19 G STAY 4/12/19 2- 2.5YR CMTD

ARRAIGNMENT: (0008)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: A&B DANGEROUS WEAPON A&B DW

STATUS: C WPD: WDT:

DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18
W/D 11/6/18 VN 3/5/19 STAY 4/12/19 G 2YR-2.5YR CMTD

ARRAIGNMENT: (0009)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: POSS FIREARM W/O PERMIT FIR POSS WO PERM

STATUS: C WPD: WDT:

DISP: C 11/29/16 G 12/15/16 2YR CMTD

ARRAIGNMENT: (0010)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: FIR CARRY W/AMM FIR CARRY W/AMM

STATUS: O WPD: WDT:

DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18
W/D 11/6/18 VN 3/5/19 STAY 4/12/19 2YR PROB F/A

ARRAIGNMENT: (0011)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: DISCHARGING A FIREARM W/IN 500' BLDG FIR DISCH

STATUS: O WPD: WDT:

DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18
W/D 11/6/18 VN 3/5/19 STAY 4/12/19 2YR PROB F/A

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

12. Date: 9-22-22

ICE Review of Segregation Cases

Assistant Field Office Director

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 09/08/2022

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On September 8, 2022, detainee was removed from general population and placed in restrictive housing for manufacture/possession of an alcoholic substance.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

^{(b)(6)(b)(7)(C)} is diagnosed with Unspecified Depressive Disorder and Unspecified Psychotic Disorder.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

MH Statement: This writer, ^{(b)(6)(b)(7)(C)} LICSW met with detainee ^{(b)(6)(b)(7)(C)} on September 8, 2022. The detainee presented as stable and was alert and oriented. Inmate's thought process was organized, and goal directed. Detainee ^{(b)(6)(b)(7)(C)} mood was euthymic with congruent affect. Detainee ^{(b)(6)(b)(7)(C)} was purposeful in his behavior and his mental disorder did not have any impact on his behavior.

Additional Comment: N/A

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

11/13/1997: admitted to the United States at Miami, FL as a LPR F23.

3/2/2018: Issued Notice to Appear.

11/23/2021: Alien is taken into ICE custody.

4/13/2022: Immigration Judge ordered excluded/deported/removed.

4/29/2022: Alien filed appeal with BIA.

9/8/2022: BIA appeal still pending.

ICE Review of Segregation Cases

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)
ARG-DATE: 08/07/18 PD: BRO COURT: PLYMOUTH SUPERIOR DKT#: (b) (7)(E)
OFF: A&B DANGEROUS WEAPON A&B DW
STATUS: C WPD: WDT:
DISP: C 3/4/19 G STAY 4/12/19 2- 2.5YR CMTD

ARRAIGNMENT: (0008)
ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)
OFF: A&B DANGEROUS WEAPON A&B DW
STATUS: C WPD: WDT:
DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18
W/D 11/6/18 VN 3/5/19 STAY 4/12/19 G 2YR-2.5YR CMTD

ARRAIGNMENT: (0009)
ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)
OFF: POSS FIREARM W/O PERMIT FIR POSS WO PERM
STATUS: C WPD: WDT:
DISP: C 11/29/16 G 12/15/16 2YR CMTD

ARRAIGNMENT: (0010)
ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)
OFF: FIR CARRY W/AMM FIR CARRY W/AMM
STATUS: O WPD: WDT:
DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18
W/D 11/6/18 VN 3/5/19 STAY 4/12/19 2YR PROB F/A

ARRAIGNMENT: (0011)
ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)
OFF: DISCHARGING A FIREARM W/IN 500' BLDG FIR DISCH
STATUS: O WPD: WDT:
DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18
W/D 11/6/18 VN 3/5/19 STAY 4/12/19 2YR PROB F/A

11. Reviewing S (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

12. Date: 13 SEP 2022

Assistant Field Office Director



DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps



CLINICAL SEGREGATION DATA CHECKLIST

DETAINEE'S NAME: (b)(6)(b)(7)(C) ALIEN NUMBER: (b)(6)(b)(7)(C)

FACILITY: Plymouth County Correctional DATE: 9/21/22

Does the detainee have a Mental Health (MH) DSM-5 diagnosis? Yes One
If yes, please explain:
unspecified depressive disorder/unspecified psychotic disorder

Does the detainee present with any active symptoms? Choose One NO
If yes, please explain:

Is the detainee receiving MH treatment?
 Psychotropic medications
 Other mental health meds
 Talk therapy (Talk therapy is an alternate name for the various forms of psychotherapy that emphasize the importance of the client or patient speaking to the therapist as the main means of expressing and resolving issues)
 Other, Please Explain: Daily mental health clinical rounds
 Case Management (an on-going collaborative information-gathering and decision making process of assessment, planning, facilitation and advocacy for options and services to meet a client or patient's health needs through communication and available resources to promote quality outcomes)

Is the detainee compliant with his/her treatment? Choose One
 If the detainee is not compliant with psychotropic medications, has ICE attempted to obtain a court order for involuntary treatment in the last 3 months? Choose One
 If no, please explain; if yes, results?
Detainee had been non-compliant w/ 4 meds and were discontinued on 3-15-22 per detainee's request

Is the detainee currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the detainee or the safety/security of the facility? Choose One NO
If yes, please explain:

Would the detainee benefit from a higher level of care?
 Acute MH hospital
 Chronic MH hospital
 Chronic Therapeutic MH facility
 Krome Transitional Unit
 Detainee can be stabilized within the facility
 Current facility has the resources to meet detainee's MH needs
 Detainee cannot be moved from his/her currently facility due to legal/immigration issues
 Please describe:

Is the detainee frequently followed up by medical personnel (other than MH)? Yes One
If yes, state frequency: initial dental exam + as needed, initial medical + as needed

Is the detainee frequently followed up by MH personnel? Choose One
If yes, state frequency: monthly and per self Request, during daily clinical rounds

Has there been deterioration on the detainee's condition while in segregation? Choose One NO
If yes, please explain:

Is the detainee involved in activities while he/she is in segregation? Choose One
 Recreation (outside the cell)
 Books or reading material
 Television
 Therapeutic/Educational groups
 Please describe: Detainee meets his supports, Reads, socializes

Signature: (b)(6)(b)(7)(C) Date: 9/21/22

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth County Correctional Facility

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 08/22/2022

3. Date of Disciplinary Proceeding (If Applicable):
Pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On August 22, 2022, detainee was removed from general population and placed in restrictive housing for insolence toward a staff member and conduct which disrupts.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

If no, explain the area(s) of non-compliance:

ICE Review of Segregation Cases

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

(b)(6)(b)(7)(C) is diagnosed with Unspecified Trauma and Stressor Related Disorder. (b)(6)(b)(7)(C) is not prescribed psychiatric medication.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (Possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

MH Statement: This writer (b)(6)(b)(7)(C) LICSW met with detainee (b)(6)(b)(7)(C) on August 23, 2022. The inmate presented as euthymic with congruent affect. His thought process was organized, and goal directed and there was no evidence of psychosis. Detainee firmly denied any thoughts/intent/plan to harm himself/others. The detainee was purposeful in his behavior and his mental disorder did not have any impact on his behavior

Additional Comment: N/A

Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

11/13/1997: admitted to the United States at Miami, FL as a LPR F23.

3/2/2018: Issued Notice to Appear.

11/23/2021: Alien is taken into ICE custody.

4/13/2022: Immigration Judge ordered excluded/deported/removed.

4/29/2022: Alien filed appeal with BIA.

ICE Review of Segregation Cases

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 08/07/18 PD: BRO COURT: PLYMOUTH SUPERIOR DKT#: (b) (7)(E)

OFF: A&B DANGEROUS WEAPON A&B DW

STATUS: C WPD: WDT:

DISP: C 3/4/19 G STAY 4/12/19 2- 2.5YR CMTD

ARRAIGNMENT: (0008)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: A&B DANGEROUS WEAPON A&B DW

STATUS: C WPD: WDT:

DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18

W/D 11/6/18 VN 3/5/19 STAY 4/12/19 G 2YR-2.5YR CMTD

ARRAIGNMENT: (0009)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: POSS FIREARM W/O PERMIT FIR POSS WO PERM

STATUS: C WPD: WDT:

DISP: C 11/29/16 G 12/15/16 2YR CMTD

ARRAIGNMENT: (0010)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E)

OFF: FIR CARRY W/AMM FIR CARRY W/AMM

STATUS: O WPD: WDT:

DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18

W/D 11/6/18 VN 3/5/19 STAY 4/12/19 2YR PROB F/A

ARRAIGNMENT: (0011)

ARG-DATE: 11/25/14 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b) (7)(E) 1031D

OFF: DISCHARGING A FIREARM W/IN 500' BLDG FIR DISCH

STATUS: O WPD: WDT:

DISP: C 11/29/16 G 12/15/16 PROB 2YR F/A PROB 1/3/19 (@83) 5/10/18 WAR 8/7/18

W/D 11/6/18 VN 3/5/19 STAY 4/12/19 2YR PROB F/A

11. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

Assistant Field Office Director

12. Date: 24 Aug 2022



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: **INSOLENCE TOWARDS A STAFF MEMBER
CONDUCT WHICH DISRUPTS**

2) Medical Officer (b)(6), (b)(7)(C) was notified at 1830 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Shift Commander: CAPT. **Signat:** (b)(6)(b)(7)(C)

Date: 8/22/2022 **Time:** 1830

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 8/23/22 **Time:** 0646 (am) pm

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee: _____

Special Management Unit

ICE Detainee Segregation Order

Date: 9-8-2022
Name: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)
A-Number: _____

Date Assigned to Unit: 9-8-2022

Housing Assignment: GNW 116

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention / Sirviendo detención disciplinaria / Cumprindo detenção disciplinar

Start Date: _____ End Date: _____

- Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments:

Signature: (b)(6)(b)(7)(C) Date: 9-8-2022

- The detainee has refused to sign for his copy of the Segregation Order.

Signature: (b)(6)(b)(7)(C) Date: 9/8/2022

Inmate Detainee's Signature of Receipt: Refused to sign

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder

Copy to Inmate / Detainee

Special Management Unit

ICE Detainee Segregation Order

Date: 9/9/2022
Name: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)
A-Number: _____

Date Assigned to Unit: 9/8/2022

Housing Assignment: GNW 116

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention/ Sirviendo detención disciplinaria/ Cumprindo detenção disciplinar

Start Date: 9/8/2022 End Date: 9/17/2022

- Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments: 5 dd to serve + 5 dd from prior swp time on 8/22 ticket = 10 dd to serve; credit 1 day

(b)(6)(b)(7)(C)

Signature: _____ Date: 09-09-22
Unit Supervisor

The detainee (b)(6)(b)(7)(C) agrees to the Segregation Order.

Signature: _____ Date: 9/9/2022

Inmate Detainee's Signature of Receipt: Refused to sign

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Special Management Unit

ICE Detainee Segregation Order

Date: 9/21/22
Name: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)
A-Number: _____

Date Assigned to Unit: 9/19/22

Housing Assignment: GNE214

Reason:

- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente
- Serving Disciplinary Detention / Sirviendo detención disciplinaria / Cumprindo detenção disciplinar

Start Date: 9/19/22 End Date: 9/28/22

- Released from Special Management Unit / Liberado de la Unidad de Gestión Especial / Liberado da Unidade de Manejo Especial

Date: _____ Time: _____

Comments: 9/17/22 - 9/19/22 assigned to Q5

Signature: (b)(6)(b)(7)(C) Date: 9/24/22

The detainee (b)(6)(b)(7)(C) he Segregation Order.
Signature: _____ Date: 9/21/22

Inmate Detainee's Signature of Receipt: retrosol

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder

Copy to Inmate / Detainee



DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps



CLINICAL SEGREGATION DATA CHECKLIST

DETAINEE'S NAME: _____

ALIEN NUMBER: _____

FACILITY: _____

DATE: _____

Does the detainee have a Mental Health (MH) DSM-5 diagnosis? Choose One

If yes, please explain:

Does the detainee present with any active symptoms? Choose One

If yes, please explain:

Is the detainee receiving MH treatment?

- | | |
|---|--|
| <input type="checkbox"/> Psychotropic medications | <input type="checkbox"/> Case Management (<i>an on-going collaborative information-gathering and decision making process of assessment, planning, facilitation and advocacy for options and services to meet a client or patient's health needs through communication and available resources to promote quality outcomes</i>) |
| <input type="checkbox"/> Other mental health meds | |
| <input type="checkbox"/> Talk therapy (<i>Talk therapy is an alternate name for the various forms of psychotherapy that emphasize the importance of the client or patient speaking to the therapist as the main means of expressing and resolving issues</i>) | |
| <input type="checkbox"/> Other, Please Explain: | |

Is the detainee compliant with his/her treatment? Choose One

If the detainee is not compliant with psychotropic medications, has ICE attempted to obtain a court order for involuntary treatment in the last 3 months? Choose One

If no, please explain; if yes, results?

Is the detainee currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the detainee or the safety/security of the facility? Choose One

If yes, please explain:

Would the detainee benefit from a higher level of care?

- | | |
|--|---|
| <input type="checkbox"/> Acute MH hospital | <input type="checkbox"/> Detainee can be stabilized within the facility |
| <input type="checkbox"/> Chronic MH hospital | <input type="checkbox"/> Current facility has the resources to meet detainee's MH needs |
| <input type="checkbox"/> Chronic Therapeutic MH facility | <input type="checkbox"/> Detainee cannot be moved from his/her currently facility due to legal/immigration issues |
| <input type="checkbox"/> Krome Transitional Unit | |

Please describe:

Is the detainee frequently followed up by medical personnel (other than MH)? Choose One

If yes, state frequency:

Is the detainee frequently followed up by MH personnel? Choose One

If yes, state frequency:

Has there been deterioration on the detainee's condition while in segregation? Choose One

If yes, please explain:

Is the detainee involved in activities while he/she is in segregation? Choose One

- | | |
|--|---|
| <input type="checkbox"/> Recreation (outside the cell) | <input type="checkbox"/> Television |
| <input type="checkbox"/> Books or reading material | <input type="checkbox"/> Therapeutic/Educational groups |

Please describe:

Signature: _____

Date: _____



Incident ID: (b)(7)(E)

Disciplinary Report

Report Date 08/22/2022 Incident Date 08/22/2022 Incident Time 17:10

Location: C3 Officer

Reporting Officer: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

<u>Name</u>	<u>Housing Location</u>	<u>Involvement</u>	<u>Booking #</u>	<u>Inmate ID</u>
Persons Involved: (b)(6)(b)(7)(C)	AGNE / 216 / 1	Aggressor	(b)(7)(E)	(b)(6)(b)(7)(C)
<u>Code Number of Rule(s) Violated</u>	<u>Offense Type</u>			
01A - Disobey an Order	Major			
01C - Insolence to staff	Major			
08 - Conduct which disrupts	Major			

Report Subject: Inmate Misconduct

Statement of Offense:

Sir/Ma'am,

On Monday, 08/22/2022 at approximately 1705 hours, an incident occurred with ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) which necessitated the generation of this report. At the time of this incident, the North side of the unit was out for chow. I asked Detainee (b)(6)(b)(7)(C) 3 separate times to please remove the sheet wrapped around this head. He ignored my requests and did not remove his head covering.

I began conducting my hourly security round before the unit stepped back in from chow. Detainee (b)(6)(b)(7)(C) and I both approached the top of the North side stairs at the same time. I told him that I politely asked him several times to remove his head covering and asked why he did not follow any of my direct orders. Detainee (b)(6)(b)(7)(C) then became agitated, asking "What do you think I am, your pet? Is that what you want? You want me to be your pet?" I then told Detainee (b)(6)(b)(7)(C) to step in and to stop being disrespectful. As we approached his cell (C431), he did not step in. He stood directly in front of me, continuing to ask if I wanted him to be his pet. It was at this time I felt that Detainee (b)(6)(b)(7)(C) might escalate the situation further due to his agitated state and the fact that he was blocking my way and standing too close to me. I said "excuse me" so that I could get around him to close his cell door. He replied "excuse yourself". Detainee (b)(6)(b)(7)(C) then stepped in and said "fuck you".

Officer (b)(6)(b)(7)(C) then returned from a Code 14 chow relief. He went up to speak with Detainee (b)(6)(b)(7)(C) about what had happened. Detainee (b)(6)(b)(7)(C) continued to be disrespectful and said "I don't give a fuck about disrespecting her. I have nothing to lose." I would like to make note that this is not the first issue we have had with Detainee (b)(6)(b)(7)(C) He is continually disrespectful and seems to have incredible difficulty following direction. I have attempted to remedy this several times with "in-house" discipline, such as deducting time from his recreation period, with no positive effect.

Due to Detainee (b)(6)(b)(7)(C) insolent behavior and blatant disrespect, I called Lieutenant (b)(6)(b)(7)(C) to remove him from the unit. Lieutenant (b)(6)(b)(7)(C) and available CERT officers then removed Detainee (b)(6)(b)(7)(C) from the unit. While being escorted out of the unit, Detainee (b)(6)(b)(7)(C) made direct comments toward me about wanting me to die and saying he hopes I "get hit by a car on the street". CERT officers then packed, inventoried, and removed Detainee (b)(6)(b)(7)(C) property.

Respectfully submitted,
Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Shift Supervisor: (b)(6)(b)(7)(C)

Signature (b)(6)(b)(7)(C)

Signature (b)(6)(b)(7)(C)

Disposition of Evidence:



Incident ID: (b)(7)(E)

Disciplinary Report

Report Date 08/22/2022 Incident Date 08/22/2022 Incident Time 17:10

Location: C3 Officer

Reporting Officer: (b)(6)(b)(7)(C), (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action

Minor Sanction

Major Violation

Referred to D.A.

Investigation

Date Commenced

Disciplinary Officer:

Signature _____ Date (b)(6)(b)(7)(C)
Reviewing Authority (print name): _____

Signature _____ Date 8/23/22



Incident ID: (b)(7)(E)

Informational Report

Report Date 08/22/2022 Incident Date 08/22/2022 Incident Time 18:30 Incident Location C3 Officer
 Report Subject: Inmate Misconduct Reporting Officer: (b)(6)(b)(7)(C)

Inmates Involved:	Name	Housing Location	Booking Number
	(b)(6)(b)(7)(C)	GNE / 216 / 1	(b)(7)(E)

Sir/Ma'am,

On Monday August 22, 2022 I was assigned as the Zone Three Lieutenant for the 1500-2300 hours shift. At approximately 1705 an incident took place involving ICE Boston Detainee (b)(6)(b)(7)(C) #74171 which led to his removal from the unit for insolence, conduct which disrupts and disobeying an order.

At approximately 1715 C3 Unit Officer (b)(6)(b)(7)(C) called me over the radio to call her in Unit C3. I immediately called (b)(6)(b)(7)(C) in her Unit and she informed me that she was having issues with detainee (b)(6)(b)(7)(C) I asked Officer (b)(6)(b)(7)(C) if she wanted me to come in immediately with CERT Officers to remove (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) said that she locked him in for insolence and would let me know if he continued to be a disturbance. (b)(6)(b)(7)(C) informed me that during chow she had asked detainee (b)(6)(b)(7)(C) to remove his head covering at least three times. While on a round of the unit she came across detainee (b)(6)(b)(7)(C) and noticed he still had his head covering on so she asked him again for the third time to remove it. (b)(6)(b)(7)(C) said that he gave her attitude and he asked her if she wanted him "to be her pet", he asked "Is that what you want? You want me to be your pet?" (b)(6)(b)(7)(C) said this as he got in her way of doing a round and refused to step aside so she could pass. She then ordered him to lock into his cell, he was reluctant to do so she said and once he had finally stepped in he said "Fuck you". Shortly after Unit Officer (b)(6)(b)(7)(C) returned from chow and went up to speak with detainee (b)(6)(b)(7)(C) to try to explain to him that his insolence and disrespectfulness would not be tolerated and that is why he is being locked in his cell. Detainee (b)(6)(b)(7)(C) response was "I don't give a fuck about disrespecting her. I have nothing to lose." It was at this point that Officer (b)(6)(b)(7)(C) decided to have (b)(6)(b)(7)(C) removed from the unit for insolence, conduct which disrupts and disobeying an order.

I entered the unit at approximately 1830 along with CERT Officers (b)(6)(b)(7)(C) , and (b)(6)(b)(7)(C) to remove Detainee (b)(6)(b)(7)(C) When we entered the unit was already locked in and Detainee (b)(6)(b)(7)(C) was locked in his cell 431. When we arrived on the top tier and I got to (b)(6)(b)(7)(C) cell, I asked him to remove his head covering and he complied. I then ordered him to come to the door and turn around and place his hands behind his back to which he also complied. I then keyed open the door and had Officer (b)(6)(b)(7)(C) apply handcuffs to (b)(6)(b)(7)(C) and double lock them without issue. Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) stayed behind to pack up (b)(6)(b)(7)(C) property.

(b)(6)(b)(7)(C) was then escorted out of the unit by Officer (b)(6)(b)(7)(C) and myself without issue down to medical where he was evaluated by Medical Officer (b)(6)(b)(7)(C) and approved for housing in segregation. Let it be known that although I asked (b)(6)(b)(7)(C) not to speak to either of the unit officers on the way out of the unit he continued to voice his displeasure and said he hopes Officer (b)(6)(b)(7)(C) gets hit by a car on the street.

The Detainee was then escorted to Unit G without further issue.

The Detainee's property was searched and inventoried by third floor CERT and brought to Unit G by CERT (see attached form) where it was then signed for by the detainee.

Respectfully Submitted,
Lieutenant D. (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Officer Name

8/22/22

Date

(b)(6)(b)(7)(C)

FSC Name

8/22/22

Date

Shift Supervisor: (b)(6)(b)(7)(C)



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 09/08/2022 Incident Date 09/08/2022 Incident Time 08:00
Booking Number: (b)(7)(E) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement:

Housing Location: GNW / 116 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 10A - Manufacture unauthorized substance, 10B - Possession unauthorized substance, 10E - Manufacture of alcohol.

Otr Inmates Involved: No Housing Assign

Code Number of Rule(s) Violated Offense Type

Report Subject: Unauthorized Substance

Statement of Offense:

On September 8, 2022, I, Officer (b)(6)(b)(7)(C) was on duty in Unit C3 for the 0700-1500 shift when an incident occurred involving ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) While conducting the 0800 Major Headcount, I noticed a large puddle of liquid that had flowed from under the door of C431. After completing count I returned to C431 to initiate cleanup of the potential safety hazard with the cell's occupant. When the cell door was opened, an odor consistent with homebrew was detected. The puddle that formed was from a liquid seeping from a trash bin and had been concealed by a uniform top. The cell door was secured and Lt. (b)(6)(b)(7)(C) was notified. Detainee (b)(6)(b)(7)(C) was removed from the Unit by CERT at 0819.

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)

Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer:

Signature Date

Reviewing Authority (print name):

Signature Date:



Informational Report

Incident ID: (b)(7)(E)

Report Date

09/17/2022

Incident Date

09/17/2022

Incident Time

09:15

Name/Event: (b)(6)(b)(7)(C)

Incident Location: Book Officer

Booking Number: (b)(7)(E)

Housing Location: BOOK / 117 / 1

Persons Involved: (b)(6)(b)(7)(C)

Report Subject: Mental Health

Reporting Officer: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date
09/17/2022

Incident Date
09/17/2022

Incident Time
09:15

Name/Event: (b)(6)(b)(7)(C)
Incident Location: Book Officer

Booking Number: (b)(7)(E)
Housing Location: BOOK / 117 / 1

Sir,

At approximately 0915 while assigned as the zone 3 lieutenant i was dispatched to Unit C3 for the removal of one via radio transmission by Officer (b)(6)(b)(7)(C)

Upon entering the unit the unit officers were ordering the unit to step in and Officer (b)(6)(b)(7)(C) informed me that Federal Ice Detainee (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) entered the unit on the move list and immediately began screaming. Officer (b)(6)(b)(7)(C) ordered (b)(6)(b)(7)(C) to stop screaming. Detainee (b)(6)(b)(7)(C) stopped momentarily to pick up his belongings and after receiving his room number immediately began walking through the day room screaming "all I feel is pain". Multiple attempts to get Detainee (b)(6)(b)(7)(C) to stop disrupting the unit and quiet down were ignored which prompted Officer (b)(6)(b)(7)(C) to call me.

Myself and Officer (b)(6)(b)(7)(C) walked to the second tier and as I approached Detainee (b)(6)(b)(7)(C) he began talking about how he didn't do anything and that this is a bogus ticket that is going to get thrown out anyways. I ordered Detainee (b)(6)(b)(7)(C) to turn around and place his hands behind his back to be handcuffed to which he complied. Officer (b)(6)(b)(7)(C) placed Detainee (b)(6)(b)(7)(C) in handcuffs and double locked them. I ordered Officer (b)(6)(b)(7)(C) to escort Detainee (b)(6)(b)(7)(C) to down the stairs and into the sally port and informed Detainee (b)(6)(b)(7)(C) that he would be brought to G and would be receiving a Disciplinary report for his actions.

Detainee (b)(6)(b)(7)(C) immediately started talking about (b)(6)(b)(7)(C) and his wife leaving him and how it would lead to suicide. He continued his tirade insinuating that punishment would come to everyone and that only god could save them. It was at this time that due to his erratic behavior in the unit, his statements involving suicide, and the rapid change in his thinking for a basic removal for being disruptive that he should be placed on a mental health watch and evaluated by a mental health professional. I radioed to central control and booking to inform them that the destination had changed from unit G to Booking Q5. Central control cleared the hallway and opened the C3 sally port. Detainee (b)(6)(b)(7)(C) continued talking from the C3 sally port all the way to booking cell R116 about how he will be judged by god only and how everyone would have karma brought to them.

Once in Booking cell R116 I ordered Detainee (b)(6)(b)(7)(C) to kneel on the bench and to follow all instructions. Detainee (b)(6)(b)(7)(C) complied and the handcuffs were removed. I then ordered Detainee (b)(6)(b)(7)(C) to step off the bench and turn around to face us and take off each article one at a time and hand them to Officer (b)(6)(b)(7)(C) so a proper strip search could be conducted. Detainee (b)(6)(b)(7)(C) complied and removed all of his clothing except a necklace a proper strip search was conducted and I asked Detainee (b)(6)(b)(7)(C) to remove said necklace. He began to reach for it then dropped his hands to his sides and said "No come and take it." I explained that the necklace could not remain on his persons because he was on Q5 status and it would be placed in his property for when he was cleared. Detainee (b)(6)(b)(7)(C) stated "it's not coming off". I ordered him again to remove the necklace and explained that if he did not remove the necklace that he would be sprayed with OC. Again Detainee (b)(6)(b)(7)(C) refused. Due to his statements, his posture with his hands at his sides in a closed position and the uncertainty of his mental stability I perceived him to be displaying a posture of active resistance. Due to the fluidity of the situation it was at this time that I deployed a spray of OC to Detainee (b)(6)(b)(7)(C) face and ordered him to remove the necklace. Detainee (b)(6)(b)(7)(C) sat down on the bench and sat clenching his fists with his head down. Again I ordered him to remove the article from his neck but he remained seated and stated "I need medical just rip it off". I then ordered Officer (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) to take control of inmate (b)(6)(b)(7)(C) and place him back into handcuffs.

Officer (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) assisted Detainee (b)(6)(b)(7)(C) to the standing position and I ordered him to place his hands behind his back to be handcuffed. Detainee (b)(6)(b)(7)(C) complied and Officer (b)(6)(b)(7)(C) properly placed him in handcuffs, double locked them and removed the necklace. I ordered Officer (b)(6)(b)(7)(C) to remove the item from his neck and remove him from effected area so that he could be decontaminated. Medical was called via radio transmission and Detainee (b)(6)(b)(7)(C) was removed from the cell and lowered onto a mattress in the recovery position and a blanket was placed over him to protect his dignity. By moving him from the affected area the first step of the decontamination process was completed. Medical Officer (b)(6)(b)(7)(C) arrived and I asked Detainee (b)(6)(b)(7)(C) if he would like to be decontaminated to which he replied yes. Medical Officer (b)(6)(b)(7)(C) decontaminated Detainee (b)(6)(b)(7)(C) with saline water and once complete his vitals were checked and confirmed to be good. I then ordered him brought back to his feet. Detainee (b)(6)(b)(7)(C) then began asking bizarre questions not pertaining to the situation "honestly though do I have a big penis" and "My hair is getting long". I advised (b)(6)(b)(7)(C) to concentrate and follow our orders to which he replied "OK" I ordered Officer (b)(6)(b)(7)(C) to escort Detainee (b)(6)(b)(7)(C) into Cell R114 and assist him to the kneeling position. Once in the kneeling position the handcuffs were removed and he was given a safety smock. All officers were ordered out of the cell and the cell was secured without incident.

Respectfully submitted,



Informational Report

Incident ID: (b)(7)(E)

Report Date

09/17/2022

Incident Date

09/17/2022

Incident Time

09:15

Name/Event: (b)(6)(b)(7)(C)
Incident Location: Book Officer

Booking Number: (b)(7)(E)
Housing Location: BOOK / 117 / 1

Lt. Ripley

(b)(6)(b)(7)(C)

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

D-REPORT NO.		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE	
D-BOARD USE ONLY				06/05/20 (MM/DD/YY)	
2. INMATE NAME: (b)(6)(b)(7)(C)			3. ID NUMBER: (b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: DAR-EC-M07
5. DIVISION/FACILITY: Dartmouth House of Corrections			6. LOCATION OF INCIDENT: ICE B	7. DATE OF INCIDENT: 05-01-2020	8. TIME OF INCIDENT: 1743
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
Through an investigation it was determined that Detainee (b) (6), (b) (7)(C) participated in a major disturbance on 05-01-20 in ICE B unit.					
Detainee (b) (6), (b) (7)(C) will be charged with the following:					
1-35 > Vandalizing, destroying, mutilating, defacing or damaging county property or the property of another person, including, but not limited to, flooding a cell or other area of the institution, causing a biohazard, stealing or damaging Inmate ID Cards, etc.					
- throwing unit flashlight in the direction of glass walls of bathroom (One Glass Panel Destroyed)					
- pushing television cart out of class room while kicking the tv on the floor					
- damaged walls inside of classroom					
- damaged two sinks and the glass wall of the unit bathroom.					
1-39 > Tampering with, damaging, blocking or interfering with any locking or security device, door, gate or window, or with alarms, fire extinguishers, fire hoses, fire exits, or other fire-fighting equipment or devices.					
- picked a unit table up over his head then forcefully threw it into the ICE B unit door in an attempt to barricade the door.					
1-17 > Violation any law of the Commonwealth of Massachusetts or the United States.					
10. Was property damage caused? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: Property damage to ICE B making the unit uninhabitable.					
11. Was medical attention needed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: Use of Force Nurse Check, SMU Evaluation, Mental Health Evaluation					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: SRT Activated, K-9 Activated, SIU Activated, Medical Activated, Transportation Activated.					
13. Reporting Employee Signature: (b)(6)(b)(7)(C)					Date: June 5, 2020
(b)(6)(b)(7)(C)					this report to the supervisor 6-5-20
(b)(6)(b)(7)(C)					Date
(b)(6)(b)(7)(C)					no Board for further action.
(b)(6)(b)(7)(C)					Already on Status
(b)(6)(b)(7)(C)					June 5, 2020
(b)(6)(b)(7)(C)					Date
14. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report and a Request for Witness Form.					
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Disciplinary Report and Witness Form above but was served with a copy of this form and a Request for Witness Form.					
Disciplinary Officer Signature		Print Name		Date	
17. INMATE RECEIPT OF DISCIPLINARY REPORT AND WITNESS FORM:					
I acknowledge receipt of this Formal Discipline Report that has been written against me as well as a Request for Witness Form.					
I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
However, I understand that I may waive my right to 24-hour notice of hearing in writing.					
Inmate Signature		Print Name		Date	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report and a Request for Witness Form.					
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Disciplinary Report and Witness Form above but was served with a copy of this form and a Request for Witness Form.					
Disciplinary Officer/Staff Signature		Print Name		Date	

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	2 -MED	BOS	Bristol County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 5/01/2020

3. Date of Disciplinary Proceeding (If Applicable):
D. Board Review not done- Investigation pending.

4. Length of Disciplinary Sanction (If Applicable):
30 +

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject was one of 25 Detainees that caused a major disturbance in the Unit. Severe Property damage was committed. It was caused by a Covid fear in the unit. A pending investigation is being conducted. Results of investigation should be completed by first week of June.

Subject received CAT By IJ.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer (b)(6)(b)(7)(C)

13. Date: 5/30/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		M	3	BOS	Wyatt

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 08/19/2020

3. Date of Disciplinary Proceeding (If Applicable):
8/21/2020

4. Length of Disciplinary Sanction (If Applicable):
8/28/2020

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?**
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors?** (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. **Additional Comment: Subject is scheduled to receive another disciplinary ticket for refusing to exit segregation upon the completion of his disciplinary sentence.**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**
Subject has a pending BIA.

(b)(6)(b)(7)(C)

13. **Reviewing Supervisory Officer:** _____

14. **Date:** 09/01/20 _____